

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
 )  
 ) ss.  
COUNTY OF LINCOLN )

Guila M. Wilcock, daughter, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is Guila M. Wilcock the person named as Guila M. Wilcock, one of the grantees in that certain deed recorded April 24, 1995, as Document No. 103765 in Book 113 of Official Records, in the office of the County Recorder of Lincoln County, State of Nevada. pg 149

That Helen L. Bennington was one of the grantees named in said deed and was the identical person named as Helen L. Bennington, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

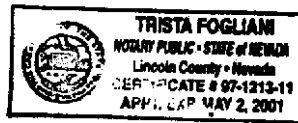
*Guila M. Wilcock*  
Affiant

STATE OF NEVADA )  
 )  
 ) ss.  
COUNTY OF LINCOLN )

On this 14th day of July, 1998, personally appeared before me, a Notary Public in and for Said County of Lincoln, State of Nevada, Guila M. Wilcock, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

*Trista Fogliani*  
NOTARY PUBLIC



STATE OF UTAH - DEPARTMENT OF HEALTH

UTAH STATE DIVISION OF HEALTH  
CERTIFICATE OF DEATH

143-76-003341

LOCAL FILE NUMBER 41

1. NAME OF DECEDENT - FIRST, MIDDLE, LAST: **HELEN LOLA BENNINGTON**

2. DATE OF DEATH - MONTH, DAY, YEAR: **June 2, 1976**

3. TIME OF DEATH - (24 HOUR CLOCK): **2230**

4. SEX: **Female**

5. RACE (WHITE, BLACK, HISPANIC, ETC.): **White**

6. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Utah**

7. DATE OF BIRTH (MONTH, DAY, YEAR): **March 3, 1907**

8. AGE (LAST BIRTHDAY): **69**

9. CITIZEN OF WHAT COUNTRY: **USA**

10. SOCIAL SECURITY NUMBER: **#####**

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married**

12. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED NAME): **Tom Bennington**

13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Housewife**

14. KIND OF BUSINESS OR INDUSTRY: **#####**

15. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY (8-12); COLLEGE (13-16) etc.):

16. NAME OF FATHER: **James Raymond**

17. MAIDEN NAME OF MOTHER: **Mary Raymond**

18. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Year or Years): **NO**

19. USUAL RESIDENCE - STREET ADDRESS (Include apt. and number or location): **257 West 7 South**

20. INSIDE CITY CORPORATE LIMITS (Specify YES or NO): **Yes**

21. NAME & MAILING ADDRESS OF INFORMANT: **Mrs. Guila Wilcock Pioche, Nevada**

22. CITY OR TOWN: **Richfield**

23. COUNTY: **Sevier**

24. STATE: **Utah**

25. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If not in home, give street address or location): **Sevier Valley Hospital**

26. CITY OR TOWN: **Richfield**

27. COUNTY: **Sevier**

28. MEDICAL EXAMINER: I hereby certify that death occurred at the hour, date & place stated above from the causes stated (below based on examination of the body and/or investigation of the circumstances):

29. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below, and that I attended the decedent and I list my license number below:

30. PHYSICIAN'S NAME AND TITLE (Type or Print): **W. R. Worley Jr.**

31. PHYSICIAN'S UTAH LICENSE NO.: **2415**

32. DATE SIGNED: **6-5-76**

33. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (Yes or No) IF "YES", DATE & HOUR REPORTED:

34. CERTIFIER'S ADDRESS: **460 North Main Street, Richfield, Utah 84701**

35. Burial, entombment, cremation or removal (specify): **Burial**

36. DATE: **6-5-76**

37. SIGNATURE OF FUNERAL HOME - NAME AND ADDRESS: **Neal S. Magleby & Sons Mortuary Inc. Richfield, Utah 84701**

38. NAME AND LOCATION OF CEMETERY OR CREMATORY: **Richfield City, Richfield, Utah.**

39. LOCAL REGISTRAR - SIGNATURE: **W. R. Worley Jr.**

40. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: **6-12-76**

41. PART I DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)

42. IMMEDIATE CAUSE: **Rupture of Abdominal Aorta during Death**

43. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE:

44. STATING THE UNDERLYING CAUSE L-2:

45. PART II OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I:

46. ACCIDENT, SUICIDE, HOMICIDE, UNDERDEVELOPED OR PENDING INVESTIGATION (specify):

47. DATE OF INJURY (month, day, year):

48. TIME OF INJURY (24 HOUR CLOCK):

49. INJURY AT WORK (Specify YES or NO):

50. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office building, etc.):

51. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN):

52. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (Miles):

53. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (Specify YES or NO):

54. WERE LABORATORY TESTS DONE FOR BAC-TEST (Specify YES or NO):

55. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY - NATURE OF INJURY SHOULD BE INDICATED IN ITEM 42):

56. IF MOTOR VEHICLE ACCIDENT, Specify if decedent was driver, passenger or pedestrian:

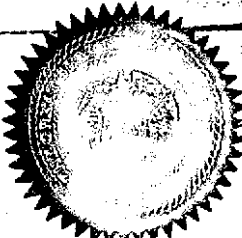
SDH-BHS 94 (4-87)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

JUN 2 6 1987

*John E. Brockert*  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS



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BOOK 135 PAGE 562

COPY

NO. **111282**

FILED AND RECORDED AT REQUEST OF  
Gula M. Wilcock  
July 14, 1998

AT 42 MINUTES PAST 10 O'CLOCK  
AM IN BOOK 135 OF OFFICIAL

RECORDS PAGE 561 LINCOLN

COUNTY, NEVADA

Yuriko Setzer

COUNTY RECORDER  
by Jillie Bruch, deputy