1	AFFIDAVIT TERMINATING JOINT TENANCY
2	\ \
3	STATE OF NEVADA) : SS.
4	COUNTY OF Douglas)
5	ROSE A. DAVIS, being first duly sworn, deposes and says that affiant is over the
6	age of 21 years and competent to be a witness as to the matters hereinafter stated.
7	
8	That affiant is ROSE A. DAVIS the person named as ROSE A. DAVIS, one of
9	the grantees in that certain deed recorded May 15, 1980, as Document No. 68496 in Book 37,
10	Page 249, in the office of the County Recorder of Lincoln County, State of Nevada.
11	That MORLEY E. DAVIS, was one of the grantees named in said deed and was
12	the identical person named as MORLEY E. DAVIS, the decedent, in that certain Death
13	Certificate, certified copy of which is annexed hereto and made a part hereof.
14	Soluments, solumes sop, or which is made in the solution of th
15	fames R. Wavis attorney-in-
16	ROSE A. DAVIS
17	
18	
19	STATE OF NEVADA)
20	COUNTY OF Douglas)
21	On this 28th day of January 1999, personally appeared before me, a
22 23	
24	
25	me to be the person described in and who executed the foregoing instrument.
26	WITNESS my hand and official seal.
27	BONNIE D. FETTIC
28	NOTARY PUBLIC in and for said
-0	S2-1987-8 County and State
	NOOK 139 PAGE 482

	LOCAL FILE NUMBER	DIVISION		ATE OF DEAT	•		007065
TYPE OR PTUNT IN PERMANENT	OCCEASED NAME FOR	Elmer	-	-	Cot. 24, 198	-	COUNTY OF DEATH Lincoln
BLACK INK	CITY, YOWN, OR LOCATION OF DEA	TH HOSPITAL OR OTH		(If not either, gave arress.	H Hosp, or the Prs. Ingetent	(, Indicase DOA, OPA (Specify)	im. Jex Lilale
DECEDENT	RACE—(e.g., White Black American Inches est //Specify)			of year. AGE—Last Barthday, (Years			OF BIFTIH (Mo., Day, W.)
F DEATH		CITIZEN OF WHAT COUN	TRY Decedent's Educa	7a. () son. Specify highest	76. ; 7c.	SURVINIO	une 19, 1916
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PARENTS	FATHER NAME FIRE Claude	léde	Davis	MOTHER-MAIDEN I	Jaisy	Zen æret	ta Tennille
	Rose Anna Dav	· · · · · · · · · · · · · · · · · · ·	P. O	PESS	alienta, Jeva	Town. Stars. 769	
_	BURIAL, CREMATION, REMOVAL OF		RY OR CREMATORY	VALE	LOCATION	City or Tow	
DISPOSITION	Burial	ISA.	I.O.O.F.	ND ADDRESS OF FACE	IRC.	1	, Kevada
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ſ	21s. To the best of my knowledge one to the duple(s) stated.	lount 1	Mulle	7 2 20	nature and Pillel 🕨	- /	
	Oct 26,	1989 3 9:	45 A.T.	I DAT	E SIGNED (Mo., Cay, 17.)	HOUR OF DE	EATH
CERTIFIER	NAME OF ATTENDING PH	N'SELUN & OTHER THAN CO	HER (NOV OF THE)	2// 12	HOUNCED DEAD (Mo., Day, Y	7	OLIVO (Hear)
İ		CERTIFIER (PHYSICIAN, ATTE			ORONER, (Type or Print.)		CHARACTER CO.
ι	Joseph Joseph	a D. Wilkin !!.		* 756	.ca, Mevaca 39		, 5849 LEGISEAN
CONDITIONS IF ANY WHICH GAVE	manu + 1000	- U 2 - U	er m	Oct 26, 1	000 #1	<u> </u>	
CONDITIONS F ANY WHICH GAVE RISE TO BENEROWATE CAUSE STATING THE	1/100	dis pulus		and	1		persente.
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CAUSE OF	PART OTHER SCHERCANT CON		Tery (a the underlying column g	man on Part L AUTOPSY	COLUMN TO THE PARTY OF	CAN STREET TO THE LOSS OF THE
DEATH"	ACC. SUICIDE, HOM, UNDET DA	TE OF RELEVANDON WITH	OUR OF HUURY	DESCRIBE HOW INJUR	ZEL TO	it.	163
	(Specify) 28	b. 24	le. <u>M</u>	294.	STREET OR R.F.D. No.	CITY OF TOW	HATT
_	DLILISTY AT WITHOUT PL. (Specify Ves or feet 28)	ACE OF PAJURY—At home, form, building, etc. (i).	Specify	LOCATION. 2015	SIREEI DISTIFICIONE	Ç. 17 CM	
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				and the same of th	الم والمدارك ال		
	Thir	s is to certify that the he certificate on file i	n this office.		May 139	PAGE 48	
	of th	he certificate on file i	above is a true on this office. JAN 2 0 19		acorLou	PAGE 48.	
	Det	he certificate on file I e Issued:	JAN 2 0 19	99	acor 13	PAGE 48's	
	Det	he certificate on file I e Issued:	JAN 2 0 19		acor 13	PAGE 48	
	Det	he certificate on file I e Issued:	JAN 2 0 19	99	acor 13	PAGE 48's	
	Det	he certificate on file I e Issued:	JAN 2 0 19	99	acor 13	PAGE 48	
	Det	he certificate on file I e Issued:	JAN 2 0 19	99	acor 13	PASE 48's	

FILED AND RECORDED AT REQUEST OF JUDY ETCHART FEBRUARY 1., 1999

AT 55 MINUTES PAST 2 G'CLOCK

PM N COCK 139 OF CFFICIAL

RECORDS PAGE 482

300x 139 PAGE 484