

PARCEL NO. 2-043-14

RECORDING REQUESTED BY:
GARY D. FAIRMAN, ESQ.
A Professional Corporation
P.O. Box 5
Ely, Nevada 89301

AFFIDAVIT IN RE JOSEPH DECARLO, JR., DECEASED

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA)
) SS
COUNTY OF LINCOLN)

EVELYN MAE DECARLO, being first duly sworn, deposes and says:

That affiant is the wife of JOSEPH DECARLO, JR., Deceased. That Decedent died on the 19th day of January, 1998. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein WILLIAM WILSON and SYLVIA WILSON were the Grantees. That under the laws of the State of Nevada, upon the death of JOSEPH DECARLO, JR., the title and ownership of said real property became vested in EVELYN MAE DECARLO as the surviving joint tenant. That said real property was acquired by a Deed dated 16th day of December, 1969, wherein JOSEPH DECARLO and EVELYN MAE DECARLO were the Grantors, and WILLIAM WILSON and SYLVIA WILSON were the Grantees.

That said Deed was recorded in Book N1, Page 493, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

A portion of Lots 1 and 2 in Block 19.

That by reason of the foregoing, affiant hereby declares that the title and interest of JOSEPH DECARLO, JR., Deceased in the above-described real property has vested in EVELYN MAE DECARLO, in fee simple, and that EVELYN MAE DECARLO is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

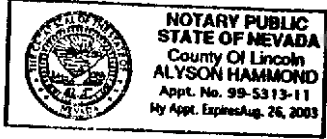
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
488 FIFTH STREET - P.O. BOX 5
ELY, NEVADA 89301
(775) 289-4422

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Evelyn Mae DeCarlo
EVELYN MAE DECARLO

Subscribed and sworn to before me
this 8 day of February, 2000.

Alyson Hammond
NOTARY PUBLIC



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A PROFESSIONAL CORPORATION
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STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT OR PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE HOSPITAL RECORDS, CONDITION OF RESIDENCE, ETC.

PARENTS

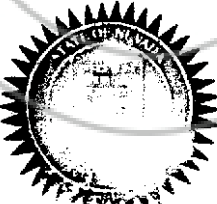
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

Main form containing fields for DECEASED-NAME, DATE OF DEATH, COUNTY OF DEATH, HOSPITAL OR OTHER INSTITUTION, RACE, SEX, STATE OF BIRTH, CITIZEN OF WHAT COUNTRY, SOCIAL SECURITY NUMBER, USUAL OCCUPATION, RESIDENCE-STATE, COUNTY, CITY, TOWN, OR LOCATION, STREET AND NUMBER, INSIDE CITY LIMITS, FATHER-NAME, MOTHER-MAIDEN NAME, MAILING ADDRESS, BURIAL, CREMATION, REMOVAL, OTHER, FUNERAL DIRECTOR, NAME AND ADDRESS OF FACILITY, DATE RECEIVED BY REGISTRAR, IMMEDIATE CAUSE, PART 1, PART 2, ACCIDENT, SUICIDE, HONORABLE, DATE OF INJURY, HOUR OF INJURY, PLACE OF INJURY, LOCATION, STREET OR R.F.D. No., CITY OR TOWN, STATE.



STATE REGISTRAR

No. 103708

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Signature: Yvonne Sylva

Date issued: FEB 02 1998

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

No. **114004**
FILED AND RECORDED AT REQUEST OF
Gary D. Fairman
February 16, 2000
AT 50 MINUTES PAST 2 O'CLOCK
P. M. IN BOOK 146 OF OFFICIAL
RECORDS, PAGE 300 LINCOLN
COUNTY, NEVADA.

Leslie Boucher
COUNTY RECORDER
By Dereca Lewis, Deputy

BOOK 146 PAGE 303