

1 PARCEL NO. 01-071-06
2 RECORDING AND REQUESTED BY:
3 GARY D. FAIRMAN, ESQ.
4 P.O BOX 5
5 ELY, NEVADA 89301

6 AFFIDAVIT IN RE MURRAY FULLERTON, AND
7 GRACE H. FULLERTON, DECEASED

8 TERMINATION OF JOINT TENANCY (NRS 111.365)

9 STATE OF NEVADA)
10) SS
11 COUNTY OF WHITE PINE)

12 CORINNE SHUMWAY, being first duly sworn, deposes and
13 says:

14 That affiant is the daughter of MURRAY FULLERTON,
15 Deceased. That Decedent died on the 9th day of January, 2000.
16 That a certified copy of the Death Certificate is attached hereto
17 as Exhibit "A".

18 That affiant is the daughter of GRACE H. FULLERTON,
19 Deceased. That Decedent died on the 21st day of April, 1992. That
20 a certified copy of the Death Certificate is attached hereto as
21 Exhibit "B".

22 That during the lifetime of said Decedents, certain real
23 property was acquired in joint tenancy wherein MURRAY FULLERTON,
24 GRACE H. FULLERTON, CORINNE SHUMWAY, WILLIAM DOUGLAS FULLERTON, AND
25 DONALD M. FULLERTON were the Grantees. That under the laws of the
26 State of Nevada, upon the death of MURRAY FULLERTON AND GRACE H.
27 FULLERTON, the title and ownership of said real property became
28 vested in CORINNE SHUMWAY, WILLIAM DOUGLAS FULLERTON, AND DONALD M.
29 FULLERTON as the surviving joint tenants. That said real property
30 was acquired by a Deed dated 29th day of October, 1982, wherein
31 MURRAY FULLERTON AND GRACE H. FULLERTON were the Grantors, and
32 MURRAY FULLERTON, GRACE H. FULLERTON, CORINNE SHUMWAY, WILLIAM
DOUGLAS FULLERTON and DONALD M. FULLERTON were the Grantees.

That said Deed was recorded in Book 52, Page 283, Lincoln
County Records.

LAW OFFICES
GARY D. FAIRMAN
A PROFESSIONAL CORPORATION
483 FIFTH STREET - P. O. BOX 8
ELY, NEVADA 89301
(775) 289-4422

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

3 All of lots 22, 23, 24, 25, 26, 27, 28, and 29
4 in Block 36 in the Town of Pioche, as said
5 lots and block are delineated on the official
6 plat of said town of Pioche, now on file and
7 on record in the office of the County Recorder
8 of said Lincoln County, and to which said plat
9 and the records thereof reference is hereby
10 made for further particular description.

11 Together with any and all improvements and
12 buildings situate thereon and the contents
13 therein.

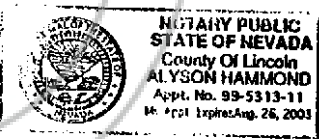
14 Together with all singular the tenements,
15 hereditaments and appurtenances thereunto
16 belonging or in anywise appertaining.

17 That by reason of the foregoing, affiant hereby declares
18 that the title and interest of MURRAY FULLERTON AND GRACE H.
19 FULLERTON, Deceased in the above-described real property has vested
20 in CORINNE SHUMWAY, WILLIAM DOUGLAS FULLERTON, AND DONALD M.
21 FULLERTON, in fee simple, and that they are the sole and absolute
22 owners thereof, together with the tenements, hereditaments, and
23 appurtenances, thereunto belonging or appertaining, and the
24 reversion and reversions, remainder and remainders, rents, issues
25 and profits thereof.

26 *Corinne F Shumway*
27 CORINNE SHUMWAY

28 Subscribed and sworn to before me
29 this 17 day of August, 2000.

30 *Alyson Hammond*
31 NOTARY PUBLIC



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OFFICE USE ONLY

DISTRICT: 01 LOCAL FILE NUMBER: 146 STATE FILE NUMBER: 146

CERTIFICATE OF DEATH

1. NAME: **WALTER MURRAY FULLERTON** 2. SEX (M/F): **Male** 3. DEATH DATE (Mo, Day, Yr): **January 9, 2000**

4. AGE LAST BIRTHDAY (Yrs): **89** 5. UNDER 1 YEAR: **MO** 6. UNDER 1 DAY: **DA** 7. BIRTHDATE (Mo, Day, Yr): **09 Dec 1910** 8. BIRTHPLACE (City, State or Foreign Country): **St. George, UT** 9. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes/No): **No** 10. COUNTY OF DEATH: **Wahkiakum**

11. CITY, TOWN OR LOCATION OF DEATH: **Cathlamet** 12. PLACE OF DEATH - NOT FOR PLACE, THEN GIVE ADDRESS OR INSTITUTION NAME: **Sunbridge Care Center** 13. SMOKING IN LAST 15 YEARS? (Yes/No): **No**

14. MARITAL STATUS - Married, Never married, Widowed, Divorced (Specify): **Widowed** 15. SURVIVING SPOUSE (If wife, give maiden name): **Grace Hollinger (dec)** 16. SOCIAL SECURITY NO. [REDACTED] 17. DECEDENT'S EDUCATION (Specify only highest grade completed): **Twelve**

18. USUAL OCCUPATION (Only kind of work done during most of working life. DO NOT USE RETIRED): **Miner** 19. KIND OF BUSINESS OR INDUSTRY: **Combine Metals** 20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): **No** 21. RACE (Specify): **Caucasian**

22. RESIDENCE - NUMBER AND STREET: **#11 West Cape Horn** 23. CITY/TOWN OR LOCATION: **Cathlamet** 24. INSIDE CITY LIMITS? (Yes/No): **No** 25A. COUNTY: **Wahkiakum** 25B. LENGTH OF RES. IN CO. (Yrs/Mo): **5 yrs** 26. STATE: **Wash.** 27. ZIP CODE: **98612**

28. FATHER'S NAME - FIRST, MIDDLE, LAST: **Grandville Hardy Fullerton** 29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: **Martha Marilla Larson**

30. INFORMANT - NAME: **Don Fullerton** 31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): **11 West Cape Horn Cathlamet, Washington 98612**

32. BURIAL, CREMATION REMOVAL, OTHER (Specify): **Burial** 33. DATE (Mo, Day, Yr): **15 Jan 2000** 34. CEMETERY/CREMATORY - NAME: **Booth Hill Cemetery** 35. LOCATION - CITY/TOWN, STATE: **Pinoche, Nevada**

36. FUNERAL DIRECTOR SIGNATURE: **X Howard K. Hulet** 37. NAME OF FACILITY: **Columbia Funeral Service** 38. ADDRESS OF FACILITY: **1105 Maple St. Longview, Washington 98632**

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: **Richard O. Avalon** 40. DATE SIGNED (Mo., Day, Yr.): **January 10, 2000** 41. HOUR OF DEATH (24 Hrs.): **1600**

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): **Richard O. Avalon DO: 335 Una St., Cathlamet, Washington 98612** 43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: **X** 44. DATE SIGNED (Mo., Day, Yr.): [REDACTED] 45. HOUR OF DEATH (24 Hrs.): [REDACTED]

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): **Richard O. Avalon DO: 335 Una St., Cathlamet, Washington 98612** 47. HOUR PRONOUNCED DEAD (24 Hrs.): [REDACTED] 48. MCCORMONER FILE NUMBER: [REDACTED]

49. IMMEDIATE CAUSE (Final disease or condition resulting in death): **Constrictive Heart Failure** 50. INTERVAL BETWEEN ONSET AND DEATH: **4h**

50. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE, JUST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which related events resulting in death) LAST. **Coronary Heart Disease** 50. INTERVAL BETWEEN ONSET AND DEATH: **4p**

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE. 52. AUTOPSY? (Yes/No): **No** 53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): **No**

54. ACC. SUICIDE, HOW, UNDET. OR PENDING ARREST? (Specify): [REDACTED] 55. INJURY DATE (Mo, Day, Yr): [REDACTED] 56. DESCRIBE HOW INJURY OCCURRED: [REDACTED]

57. INJURY AT WORK? (Yes/No): [REDACTED] 58. PLACE OF INJURY - AT HOME, PARK, BLDG, ETC. (Specify): [REDACTED] 59. STREET OR RFD NO., CITY/TOWN, STATE: [REDACTED]

61. RECORD AMENDMENT (Perpetrator use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE DATE RECEIVED (Mo., Day, Yr): **01/11/00**

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

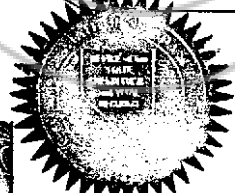
300K 150 591 2001 110-000 (Rev. 7/91) (Form & DMS 8-1992) COH 01-000 (5/97)



STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
 STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

92 003536

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		Grace Hollinger FULLERTON		April 21, 1992	Lincoln
1. CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name of institution, give street and number)		If Hosp. or Inst. indicate DOA, UFFERW., Res. Institution (Specify)	SEX
30. Caliente		Grover C Dils Medical Center		30. Inpatient	Female
5. RACE—(Is of White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR	DATE OF BIRTH (Mo., Day, Yr.)
5. White			79	7a. MONTHS : 7b. DAYS : 7c. HOURS : 7d. MINS :	11-16-1911
6. STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, DIVORCED (Specify)	SURVIVING SPOUSE (If wid., give maiden name)
9a. Nevada		9c. U.S.A.	10.	11. Married	Murray Fullerton
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
13.		14a. COOK		14b. School District	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada		15b. Lincoln	15c. Pioche	15d. PO Box 342	15e. Yes
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. William Hollinger		17. Lydia Blair			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Murray Fullerton		18b. PO Box 342 Pioche, Nevada 89043			
DISPOSITION		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Pioche Cemetery		19c. Pioche, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20b. 15		20c. P.O. Box 236 Caliente, Nevada 89008	
21a. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		22a. DATE SIGNED (Mo., Day, Yr.)	
21b. 4-21-1992		21c. 0510		22b. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)		22d. PRONOUNCED DEAD (Hour)	
21d.		22c.		22d. AT	
21d. ON		22c. AT		22d. LICENSE NUMBER	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22a. <i>Teresa B. Wilkin MD PO Box 472 Reno, Nevada 89042</i>		22b. 3849	
21d.		22a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		22b. DEATH DUE TO COMMUNICABLE DISEASE	
21d.		22a. April 21, 1992		22b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART 1 (a) <i>Cardiopulmonary arrest</i>		Interval between onset and death: <i>minutes</i>	
PART 1 (b) <i>Atherosclerotic Vascular disease</i>		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: <i>Years.</i>	
PART 1 (c)		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death:	
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
PART 2		26. No		27. No	
ACC., SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a.		28b.	28c.	28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE
29a.		29b.	29c.	29d.	29e.



STATE REGISTRAR

No. 029238
 BIRTH CERT #11-000449

Yvonne Sylva

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

Date issued: III 31 2000

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

498 150 392

COPY

NO. 115278

FILED AND RECORDED AT REQUEST OF

Gary Fairman, ESO

September 21, 2000

AT 51 MINUTES PAST 04 O'CLOCK

PM IN BOOK 150 OF OFFICIAL

RECORDS PAGE 589 LINCOLN

COUNTY, NEVADA.

Leslie Boucher

COUNTY RECORDER

By Jarisa Acerra Deputy