

Assessor's Parcel Number 3-071-01

AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)

:ss

COUNTY OF LINCOLN)

CLARK A. RAY, being first duly sworn, deposes and says:

1. That he is the surviving son of VERMA A. VOWLES of Caliente, Lincoln County, Nevada, who died October 30, 2001, in Las Vegas, Nevada.
2. That the Joint Tenancy Deed, with right of survivorship, between Verma A. Vowles and Clark A. Ray, Mother and Son, was made on June 17, 1975 and recorded June 18, 1975, as Number 56859 in Book 14, page 571 of the official records of Lincoln County, Nevada.
3. That at the time of the death of the decedent, affiant and decedent owned property in joint tenancy described as follows:

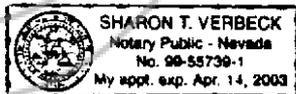
All of Lots Ten (10), Eleven (11) and Twelve (12) in Block Thirty-six (36) in the Alice C. Dixon Addition to the City of Caliente, County of Lincoln, State of Nevada, together with any and all improvements situate thereon, as said lots and block are delineated on the official plat of said Addition on file and record in the office of the Lincoln County Recorder. The property is also known as 380 Market Street, Caliente, Nevada.

4. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as his sole and separate property pursuant to Nevada Revised Statutes 40.525 (5).

Signed Clark A. Ray
 Clark A. Ray
 6608 Bristol Way
 Las Vegas, NV 89107

Subscribed and sworn to before me
 This 7th day of December, 2001

Sharon T. Verbeck
 Notary Public



Lincoln County

DIVISION OF HEALTH — SECTION OF DEATH STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER
	1. Deceased—NAME First Middle Last Verma Almira VOWLES		October 30, 2001		2a. Clark
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name if in facility, give street and number)		SEX
	3a. Las Vegas		3c. 6608 Bristol Way		4. Female
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	UNDECEASED YEAR, MONTH, DAY	DATE OF BIRTH (Mo., Day, Yr.)
	5. White		7a. 89	7b. : : : 7c. : : :	8. February 14, 1912
FATHERS	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education Specify highest grade completed	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a. Utah		10. USA	13. 13	12. Widowed
MOTHERS	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY
	13. [REDACTED]		14a. Homemaker		14b. Own Home
RESIDENCE	RESIDENCE—STATE		CITY, TOWN, OR LOCATION	STREET AND NUMBER	
	15a. Nevada		15b. Lincoln	15c. Caliente	15d. 380 Market Street
PARENTS	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)
	16. Edward Arthur Wilden		17. Emerett Olevia Ashworth		15e. Yes
DISPOSITION	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Clark Ray		18. 6608 Bristol Way Las Vegas, Nevada 89107		
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Removal/Burial		19b. Beaver Cemetery		19c. Beaver Utah
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (If printed, print name and address)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
	20a. <i>James W. Long</i>		20b. 601		20c. Hites Funeral Home 438 W. Sunset Road Henderson, Nevada 89015
REGISTRAR	To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
	21a. <i>[Signature]</i>		21b. 01/30/2001		21c. 0120
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Medical Examiner or Coroner, (Type or Print)		LICENSE NUMBER		
	23a. Lisa M. Lyons M.D. 4141 Swenson, Las Vegas, Nevada 89119		23b. 6476		
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	24a. <i>[Signature]</i>		24b. NOV 01 2001		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))				
	PART 1 (a) congestive heart failure				
CAUSE OF DEATH	PART 2 (b) DUE TO, OR AS A CONSEQUENCE OF:				
	PART 3 (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1				
CAUSE OF DEATH	ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY (M)	DESCRIBE HOW INJURY OCCURRED
	26a.		26b.	26c.	26d.
CAUSE OF DEATH	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
	27a.		27b.	27c.	27d.

No. 209032

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: *[Signature]*
Date Recd: NOV 02 2001

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573

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COPY

NO. 117422
FILED AND RECORDED AT REQUEST OF
CLARK RAY
DECEMBER 11, 2001
AT 27 MINUTES OF 02
PM 160
RECORDS PAGE 284 LINCOLN
COUNTY, NEVADA
LESLIE BOUCHER
COUNTY RECORDER
BY Jerisa Seavers, DEPUTY