

### AFFIDAVIT - TERMINATION OF JOINT TENANCY

I, CARL C. BROWN an unmarried man, being of legal age, and being first duly sworn, deposed and says:

That WANDA MAE. BROWN, the decedent mentioned in the attached certified copy Certificate of death, is the same person as WANDA L. BROWN, named as one of the parties in that certain Grant Bargain Sale Deed dated April 10, 1992, and executed by JOHN A. CLODFELTER and BARBARA J. CLODFELTER, husband and wife, known as "Grantors" to WANDA L. BROWN and CARL C. BROWN husband and wife, as joint tenants, known as "Grantees", and recorded as instrument numbered 099241, on the 21<sup>st</sup> day of August, 1992, in book 103 page 42, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

APN 03-173-05

Lots numbered five (5) and six (6) in Block numbered one (1) of the MODERN TOWNSITE ADDITION to the City of Caliente, County of Lincoln, State of Nevada.

Subject to: Rights of Way, covenants, conditions, easements, reservations and restrictions of record, if any

In Witness Whereof I have hereunto set my hand this 12<sup>th</sup> day of February, 2002

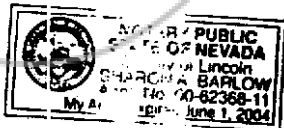
Carl C. Brown  
CARL C. BROWN

State of Nevada )  
County of Lincoln )

RECORDING REQUESTED BY AND MAIL TO

On this 12<sup>th</sup> day of February, 2002,  
Personally appeared before me, a Notary Public  
Carl C. Brown, an unmarried man,  
personally known to me to be the person whose  
name is subscribed to the above instrument who  
acknowledged that he  
Executed the instrument

Sharon A. Barlow  
notary public



**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**

	LOCAL FILE NUMBER DECEASED—NAME First Middle Last <b>Wanda Mae BROWN</b>	DATE OF DEATH (Month, Day, Year) <b>December 23, 2001</b>	STATE FILE NUMBER COUNTY OF DEATH <b>Lincoln</b>
<b>DECEDENT</b>	1. CITY, TOWN OR LOCATION OF DEATH <b>Caliente</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) <b>186 Park Avenue</b>
	2. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		3. SEX <b>Female</b>
	4. Write a. STATE OF BIRTH (If not U.S.A., name country) <b>Texas</b>		b. DATE OF BIRTH (mo., Day, Yr.) <b>January 18, 1931</b>
<b>F DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEM</b>	5. SOCIAL SECURITY NUMBER [REDACTED]		6. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
	7. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Homemaker</b>		8. Decedent's Education. Specify highest grade completed. <b>10 13</b>
	9. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION <b>Nevada Lincoln Caliente</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
<b>PARENTS</b>	11. FATHER—NAME First Middle Last <b>Fred Jay Leonard</b>		12. SURVIVING SPOUSE if wife, give maiden name <b>Carl C. Brown</b>
	13. MOTHER—MAIDEN NAME First Middle Last <b>Ina</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>
	15. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>Carl C. Brown P.O. Box 23 Caliente, Nevada 89008</b>		16. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
<b>DISPOSITION</b>	17. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		18. CEMETERY OR CREMATORY—NAME LOCATION City or Town State <b>Crementation Center of St. George St. George, Utah</b>
	19. FUNERAL DIRECTOR—SIGNATURE (Or Print if Absent) <i>Charles J. Deane</i>		20. FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY <b>15 Wiscomb Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008</b>
	21. On the basis of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) <i>Farhana Kamal</i> DATE SIGNED (Mo., Day, Yr.) <b>12-23-01</b>		22. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) _____ DATE SIGNED (Mo., Day, Yr.) _____
<b>CERTIFIER</b>	23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>Farhana Kamal M.D.; P.O. Box 1010 Caliente, Nevada 89008</b>		24. LICENSE NUMBER <b>7903</b>
	25. REGISTERAR SIGNATURE (Signature and Title) <i>Charles J. Deane</i> DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>12-23-01</b>		26. DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	27. NAME DATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART 1 <b>(a) Respiratory Failure</b> DUE TO, OR AS A CONSEQUENCE OF: <b>(b) Chronic Obstructive Pulmonary Disease</b> DUE TO, OR AS A CONSEQUENCE OF: <b>(c) Tobacco Abuse</b>		28. INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> INTERVAL BETWEEN ONSET AND DEATH <b>Years</b> INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
<b>CAUSE OF DEATH</b>	29. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Chronic Malnutrition; Advanced Rheumatoid Arthritis</b>		30. AUTOPSY (Specify Yes or No) <b>No</b>
	31. ACC. SU. CODE, HOW, UNDET. DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED <b>28a. 28b. 28c. 28d.</b>		32. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>
	33. 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 <b>28e. 28f. 28g.</b>		

No.177148

STATE REGISTRAR

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

Date issued: **JAN 16 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

NO. 117695

FILED AND RECORDED AT REQUEST OF  
GREGORY BARLOW

FEBRUARY 14, 2002

AT 35 MINUTES PAST 10 O'CLOCK

AM IN BOOK 161 OF OFFICIAL

RECORDS PAGE 506 LINCOLN

COUNTY CLERK

LESLIE BOUCHER

CLERK

BY [Signature] DEPUTY