

File No: 152--2016883 (MJ)
A.P.N.: 1-123-03
When Recorded, Mail Tax Statements To:
Guila M. Wilcock
P. O. Box 451
Panaca, NV. 89042

A.P.N.: 1-123-03

AFFIDAVIT - TERMINATING JOINT TENANCY

Guila M. Wilcock, of legal age, being first duly sworn, deposes and says:

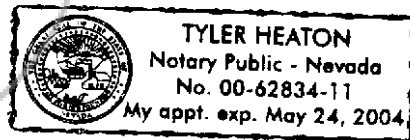
That **Helen Lola Bennington, fka Helen Lola Jensen**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain **Joint Tenancy Deed** dated **July 19, 1972** executed by **Ray Free to Guila M. Wilcock, Helen Lola Jensen, & Helen Lola Jensen in trust for Helen Dawn Wilcock** as joint tenants, recorded as Document No. **52268** on **September 25, 1972** in Book **6, Page 159** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

Lots Four (4) and Five (5) in Block 22 of the TOWN OF PIOCHE, as recorded in the Official Records of the County of Lincoln, State of Nevada.

Date: 06-25-02

By: *Guila M. Wilcock*
Guila M. Wilcock

STATE OF **NEVADA**)
)
:SS.)
COUNTY OF **Lincoln**)



This instrument was acknowledged before me on
06-25-02 by
Guila M. Wilcock.

Tyler Heaton
Notary Public
(My commission expires: May 24, 2004)

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
) ss.
COUNTY OF LINCOLN)

Guila M. Wilcock, daughter, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is Guila M. Wilcock the person named as Guila M. Wilcock, one of the grantees in that certain deed recorded April 24, 1995 as Document No. 103745 in Book 113 of Official Records, in the office of the County Recorder of Lincoln County, State of Nevada. pg. 149

That Helen L. Bennington was one of the grantees named in said deed and was the identical person named as Helen L. Bennington, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

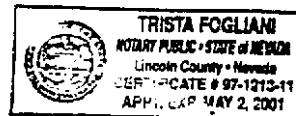
Guila M. Wilcock
Affiant

STATE OF NEVADA)
)
) ss.
COUNTY OF LINCOLN)

On this 14th day of July, 1998, personally appeared before me, a Notary Public in and for Said County of Lincoln, State of Nevada, Guila M. Wilcock, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Trista Fogliani
NOTARY PUBLIC



STATE OF UTAH DEPARTMENT OF HEALTH

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

187-76-003341

LOCAL FILE NUMBER 41

1A. NAME OF DECEDENT - FIRST, MIDDLE, LAST: **HELEN LOLA BENNINGTON**

2A. DATE OF DEATH - MONTH, DAY, YEAR: **June 2, 1976**

3. SEX: **Female**

4. RACE (WHITE, BLACK, HISPANIC, OTHER): **White**

5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Utah**

6. DATE OF BIRTH (MONTH, DAY, YEAR): **March 3, 1907**

7. AGE (LAST BIRTHDAY): **69**

8. CITIZEN OF WHAT COUNTRY: **USA**

9. SOCIAL SECURITY NUMBER: **#####**

10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married**

11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER maiden name): **Tom Bennington**

12. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Housewife**

12B. KIND OF BUSINESS OR INDUSTRY: **#####**

13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY 19-22) COLLEGE (14-16) POSTGRADUATE (17-18): **#####**

14. NAME OF FATHER: **James Raymond**

15. MAIDEN NAME OF MOTHER: **Mary Raymond**

16. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Year or Years): **NO**

17A. USUAL RESIDENCE - STREET ADDRESS (Street and number or location): **257 West 7 South**

17B. INSIDE CITY CORPORATE LIMITS (Specify YES or NO): **Yes**

18. NAME & MAILING ADDRESS OF INFORMANT: **Mrs. Guila Wilcock
Pioche, Nevada**

17C. CITY OR TOWN: **Richfield**

17D. COUNTY: **Sevier**

17E. STATE: **Utah**

19A. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (Name and street address): **Sevier Valley Hospital**

19B. CITY OR TOWN: **Richfield**

19C. COUNTY: **Sevier**

20A. MEDICAL EXAMINER: I hereby certify that death occurred at the time, date & place stated above from the causes stated below, and that I attended the decedent and I signed the certificate after the hour of **6:00** on **June 2, 1976**.

20B. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: *[Signature]*

20C. DATE SIGNED: **6-5-76**

20D. CERTIFIER'S NAME AND TITLE (Type or Print): **W. R. Worley Jr.**

20E. PHYSICIAN'S UTAH LICENSE NO.: **2445**

21. IS NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM/HER or NO? **NO**

20A. CERTIFIER'S ADDRESS: **460 North Main Street, Richfield, Utah 84701**

22. Burial, interment, cremation or other disposition: **Burial**

22B. DATE: **6-5-76**

23. GENERAL HOME - NAME AND ADDRESS: **Neal S. Magleby & Sons Mortuary Inc. Richfield, Utah 84701**

24. NAME AND LOCATION OF CEMETERY OR CREMATORY: **Richfield City, Richfield, Utah.**

25. LOCAL REGISTRAR - SIGNATURE: *[Signature]*

25B. DATE: **6-12-76**

26. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (ENTER ONLY ONE CAUSE PER LINE FOR A, B, OR C)

(A) **Rupture of Abdominal Aortic Artery**

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE:

(1) **None**

(2) **None**

(3) **None**

27. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

28. ACCOUNT OF INJURY (Mechanism, instrument or personal description (Specify))

28A. DATE OF INJURY (Month, Day, Year)

28B. TIME OF INJURY (24 HOUR CLOCK)

28C. INJURY AT WORK (Specify YES or NO)

28D. PLACE OF INJURY (Specify home, farm, factory, roadway, street, other building, etc.)

29. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

29A. DISTANCE FROM STATE CAPITAL TO INJURY (MILES)

29B. TYPE OF INJURY (Specify type of injury)

29C. OTHER INFORMATION (Specify YES or NO)

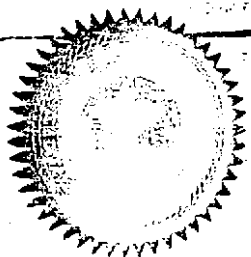
30. DESCRIBE HOW INJURY OCCURRED (ENTER A SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)

31. If motor vehicle accident, identify if decedent was driver, passenger or pedestrian.

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUN 2 6 1987**

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS



S 083424

BOOK 135 PAGE 562

BOOK 164 PAGE 589

I hereby certify that the foregoing is a full and correct copy of the original document now of record in this office, in book 135 of records page 561-563 of Lincoln County Nevada.

Date: June 25 2002
Recorder: Leslie Boucher

Deanna Jensen Deputy

NO. 111282

FILED AND RECORDED AT REQUEST OF
Gaila M. Wilcock
July 14, 1998

AT 42 MINUTES PAST 10 O'CLOCK
AM IN BOOK 135 OF OFFICIAL

RECORDS PAGE 561 LINCOLN

COUNTY, NEVADA.

Yuriko Setzer

by Julie Boucher COUNTY RECORDER, deputy

1 1 8 3 8 0

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2002 JUN 25 PM 4 58

LINCOLN COUNTY RECORDED
FEE \$18.00 DEP TMS
LESLIE BOUCHIER

COPY