

# AFFIDAVIT – TERMINATION OF JOINT TENANCY

I, PHARES QUINCY WOODS, an unmarried man, being of legal age, and being first duly sworn, deposed and says:

That RUTH S. WOODS, the decedent mentioned in the attached certified copy Certificate of death, is the same person as RUTH S. WOODS, named as one of the parties in that certain Joint Tenancy Deed dated July 10, 1978, and executed by RUTH S. WOODS, an unmarried woman, known as "Grantor" to RUTH S. WOODS, an unmarried woman, and PHARES QUINCY WOODS an unmarried man, as joint tenants, known as "Grantees", and recorded as instrument numbered 62286, on the 10<sup>th</sup> day of July, 1978, in book 26 page 130, of the official records of Lincoln County, Nevada covering the following property situated in the city of Panaca, County of Lincoln, State of Nevada.

APN 002-102-08

All of Lot 39 in Sun Gold Manor Unit No. 1 in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements thereon.

In Witness Whereof I have hereunto set my hand this 28 day of June, 2002

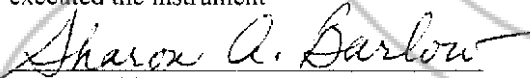
  
\_\_\_\_\_  
PHARES QUINCY WOODS

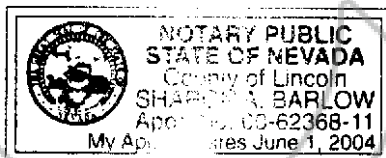
State of Nevada )  
County of Lincoln )

RECORDING REQUESTED BY AND MAIL TO

On this 28<sup>th</sup> day of June, 2002  
Personally appeared before me, a Notary Public,  
Phares Quincy Woods, 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

Phares Quincy Woods  
HC 64 Box 3  
Caliente, NV 89008

  
\_\_\_\_\_  
Notary Public



# STATE OF UTAH — DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah Statistics Act of 1978.

## STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

11-081

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF DECEDENT		2. SEX	3a. DATE OF DEATH (Mo., Day, Yr.)
Ruth Elsbeth Woods		Female	May 25, 2002
3b. TIME OF DEATH (24 hr. clock)		2030	
4. DATE OF BIRTH (Mo., Day, Yr.)	5. AGE - Last Birthday	6. BIRTHPLACE (City & State or Foreign Country)	7. SOCIAL SECURITY NUMBER
Mar 25, 1911	91	Raymond, Alberta, Canada	
8a. PLACE OF DEATH (check only one)		8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location)	
<input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DDA <input checked="" type="checkbox"/> 4. Hospice <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any) <input type="checkbox"/> 7. Other (specify)		Koilsb Regional Care Center	
9a. COUNTY OF DEATH		9. SURVIVING SPOUSE (if wife, give maiden name)	
Cedar City		Iron	
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES?		11. MARITAL STATUS	
<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		<input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 3. Widowed <input type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced	
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired)		12b. KIND OF BUSINESS OR INDUSTRY	
Cook		Lincoln County School Dist.	
13a. RESIDENCE - STREET AND NUMBER		13b. CITY, TOWN, OR COMMUNITY	13c. COUNTY
630 Rannow Road		Panaca	Lincoln
13d. STATE		14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, specify)	
NV		<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	
15. RACE - Black, White, Am. Indian (Inde may be entered), Japanese, etc. (Specify)		16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+)	
White		12	
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, Middle, Last)	
Richard Franz Hugo Schuenmar		Elizabeth Hoppe	
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT			
Laron Fred Woods Son 11048 North Cullimore Lane, Tremonton, UT 84337			
20. METHOD OF DISPOSITION			
<input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal			
21a. DATE OF DISPOSITION		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
June 1, 2002		Panaca Cemetery	Panaca, NV
22. SIGNATURE OF FUNERAL SERVICE LICENSEE		23. LICENSE NUMBER	24. FUNERAL HOME (Name and address)
<i>[Signature]</i>		102993	Southern Utah Mortuary
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN (If yes, enter the date and hour reported)		26. If not certified by medical examiner, was death reported to N.E.T. (If yes, enter the date and hour reported)	
May 25, 2002		<input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No M.E. CASE NO. _____ HR. _____ MO. _____ DAY _____ YEAR _____	
27a. CERTIFIER			
<input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.			
27b. SIGNATURE AND TITLE OF CERTIFIER		27c. LICENSE NUMBER	27d. DATE SIGNED (Mo., Day, Yr.)
<i>[Signature]</i>		178680	5/29/02
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/Print)			
Dr. Ellen Gardner 15 East 400 North, Parowan, UT 84761			
29. REGISTRAR'S SIGNATURE		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.)
<i>[Signature]</i>			MAY 29 2002
31. PART 1 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate interval Between Onset And Death	
a. ASUD			
b. CHF			
c. _____			
d. _____			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST			
PART 2 Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part 1		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT	
		<input type="checkbox"/> 1. Probably contributed to the cause of death <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death <input type="checkbox"/> 3. Did not contribute to the cause of death <input type="checkbox"/> 5. UNKNOWN IF USER <input type="checkbox"/> 4. Is unknown in relation to the cause of death	
34. MANNER OF DEATH		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 Hour Clock)
<input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposefully or Accidentally <input type="checkbox"/> 6. Pending investigation			
35c. LOCATION (Street or rural route number, city or town, county and state)		35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	35e. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian			
35g. (DESCRIBE HOW INJURY OCCURRED) (enter sequence of events which resulted in injury. NATURE OF INJURY should be entered in item 31)			

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 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: IRON

*[Signature]*  
Barry E. Nangle

Barry E. Nangle

DIRECTOR OF VITAL RECORDS

County

Registrar

By *[Signature]*

SDH-1 (BVR)PHS 95 (9/96)

LL 840975



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COPY

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FILED FOR RECORDING  
AT THE REQUEST OF

*Gregory Barbou*

2002 JULY 1 AM 11 32

LINCOLN COUNTY RECORDED  
FEE \$6.00 DEPTMS  
LESLIE BOUCHER