

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada

County of Lincoln }

Kenneth Newby, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to matters hereinafter stated.

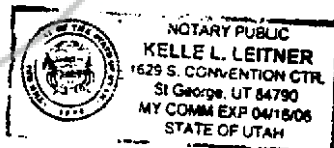
The affiant is Kenneth Newby, the person named as Kenneth Newby, one of the grantees in that certain deed recorded March 17, 1989, as Document No.90866 in Book 84 page 275, of Official Records, in the office of the county Recorder of Lincoln County, State of Nevada.

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

Kenneth A. Newby
Kenneth Newby

State of Utah
County of Washington
On 7-25-02 personally
appeared before me, a Notary Public.
Kenneth B. Newby
577 Belmont
St George, UT 84770
who acknowledged that he
executed the above instrument.
Signature *Kelle L. Leitner*
(Notary Public)

Notary Seal



STATE OF UTAH - DEPARTMENT OF HEALTH

AUG 3 1994

STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

143 94 006454

LOCAL FILE NUMBER 21-68 STATE FILE NUMBER

1. NAME OF DECEDENT: FIRST SHERRELL MIDDLE B LAST NEWBY 2. SEX Male 3a. DATE OF BIRTH (MM, Day, Yr) July 24, 1994 3b. TIME OF BIRTH (hr, min) 1555

4. DATE OF DEATH (MM, Day, Yr) Apr 22, 1993 5. AGE (Months, Days, Hours, Minutes) 55 6. BIRTHPLACE (City & State or Foreign Country) Monroe, Utah 7. SOCIAL SECURITY NUMBER

8. PLACE OF DEATH (Check only one): Hospital Home Other Sevier Valley Hospital

9. SURVIVING SPOUSE (If wife, give maiden name) Jeilyn Graff

10. CITY, TOWN OR LOCATION OF DEATH Richfield 11. COUNTY OF DEATH Sevier

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes No 13a. MARITAL STATUS Married Single Widowed Divorced 13b. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Businessman/Rancher 13c. KIND OF BUSINESS OR INDUSTRY Self Employed/Agriculture

14a. RESIDENCE STREET AND NUMBER 343 South 660 East Circle 14b. CITY, TOWN OR COMMUNITY St. George 14c. COUNTY Washington 14d. STATE Utah

15a. ZIP CODE 84770 15b. WAS DECEDENT OF HISPANIC ORIGIN? Yes No 16. RACE (Check one, see foot) white 17. EDUCATION (Specify any highest grade completed: Elementary or Secondary (5-12); College (13-16 or 17-)) 16

18. FATHER'S NAME (First, Middle, Last) Leonard Slack Newby 19. MOTHER'S NAME (First, Middle, Last) Ina Christina Brown

20. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Meri Newby (Wife) 243 South 660 East Circle St. George, Ut. 84770 (801) 673-2093

21. METHOD OF DISPOSITION Burial Cremation Other July 29, 1994 21a. DATE OF DISPOSITION July 29, 1994 21b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) St. George City Cemetery 21c. LOCATION (City or Town, State) St. George, Utah

22. SIGNATURE AND TITLE OF CERTIFIER W. Beard 23. LICENSE NUMBER 541 24. FUNERAL HOME (Name, address and phone number) Spilsbury's Desert Rose Memorial Chapel 58 North 100 East St. George, Utah 84770 (801) 673-2454

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN never been alive 26. If not certified by medical examiner, was death reported to M.E.? Yes No (If yes, enter the date and hour reported: M.E. Case No. 94-834)

27. CERTIFIER DULY QUALIFIED PHYSICIAN MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (If deceased) Greg L. Morford M.D. 70 East 1100 North Richfield, Utah 84701 29. DATE CERTIFIED (Month, Day, Year) July 26, 1994

30. REGISTRAR Barry E Nangle MPH 31. DATE FILED (Month, Day, Year) Oct 26, 1994

32. IMMEDIATE CAUSE (Final disease or condition resulting in death) Probable Acute Myocardial Infarction 33. INTERMEDIATE CAUSE (If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that preceded events resulting in death) LAST

34. PART II: Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. 35. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: Probably contributed to the cause of death; Did the underlying cause of death; Did not contribute to the cause of death; Unknown in relation to the cause of death. 36. WAS AN AUTOPSY PERFORMED? Yes No 37. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

38. SIGNATURE OF DEATH REGISTRAR Barry E Nangle 39. DATE OF INQUIRY March 3, 1997 40. TYPE OF INQUIRY: Routine Change of Record Other (Specify) None 41. PLACE OF INQUIRY (City or Town, State) None 42. IF MOTOR VEHICLE ACCIDENT, specify if decedent was driver, passenger or pedestrian.

43. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

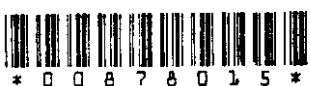
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: FEB 23 1997

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS



SL878015



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

SDH-BVR 04 (9/98)

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COPY

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FILED FOR RECORDING
AT THE REQUEST OF

Trevin L. Bousen PC

2002 SEP 9 PM 3 21

LINCOLN COUNTY RECORDED
FILE 168 DEPTWIS
LESLIE BOUCHER