

Lincoln County

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

George E Hales, of legal age, being first duly sworn, deposes and says: That **Mary Ellen Hales**, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as **Mary Ellen Hales** named as one of the parties in that certain Grant, Bargain, Sale Deed dated 24th of December 1996 executed by **John C Smith** to **George E. Hales** and **Mary Ellen Hales** as joint tenants, recorded as Instrument No. 106725, on January 7, 1997, in book 123, page 222, of Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Caliente, County of Lincoln, State of Nevada:

A portion of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of the Northeast Quarter (NE1/4) and the Northeast Quarter (NE1/4) of the Southeast Quarter (SE1/4) of Section 7, Township 4 South, Range 67 East, M.D.B. & M., described as follows:

Lot 20 in Block A of the JAMES H. GOTTFREDSON ADDITION TO THE CITY OF CALIENTE, Lincoln County, Nevada as shown on the map thereof recorded August 9, 1963 as Document No. 40599, Lincoln County, Nevada records.

EXCEPTING THEREFROM all coal, oil, gas, and other minerals within or underlying said land reserved in Deed from Los Angeles and Salt Lake Railroad Company, recorded April 18, 1938 in Book E-1 of Real Estate Deeds, page 338, Lincoln County, Nevada records.

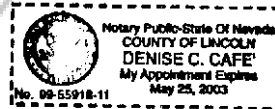
ASSESSOR'S PARCEL NUMBER FOR 1996 - 1997: 03-131-02

Dated 12-30-02

George E. Hales
George E. Hales

SUBSCRIBED AND SWORN TO before me
This 30th day of December 2002

Signature Denise C. Cafe
Denise C. Cafe
Name (Typed or Printed)



Lincoln County

STATE OF NEVADA
 DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER
TYPE ON PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last 1 Mary Ellen HALES	
	DATE OF DEATH (Month, Day, Year) 2 July 22, 2002	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3 Caliente	
	HOSPITAL OR OTHER INSTITUTION—Name (if not above, give street and number) 4 1020 Lincoln Street	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	AGE—Last Birthday (Years) 5 74 59	
	DATE OF BIRTH (Mo., Day, Yr.) 6 December 20, 1942	
PARENTS	FATHER—NAME First Middle Last 16 John Patrick Anable	
	MOTHER—MAIDEN NAME First Middle Last 17 Ruth Eldora Hutton	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18 Cremation	
	CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19 Cremation Center of St. George, Utah	
CERTIFIER	FUNDING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) 21b. DATE SIGNED (Mo., Day, Yr.) 21c. HOUR OF DEATH	
	CORONER'S OFFICE 22a. On the basis of examination and/or investigation, at the person's death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) 22b. DATE SIGNED (Mo., Day, Yr.) 22c. HOUR OF DEATH	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23 William Garza; P.O. Box 570 Pinche, Nevada 89043	
	REGISTRAR 24a. (Signature) DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 07-25-02	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE INTERVING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART 1 (a) Cardio-pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Metastatic Duodenal Cancer DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	
	26. YES <input type="checkbox"/> NO <input type="checkbox"/> 27. YES <input type="checkbox"/> NO <input type="checkbox"/>	
AUXILIARY INFORMATION	28. ACC. SURVIV. HOW, UNDET. OR PENDING INVEST. (Specify) 29. INJURY AT WORK (Specify Yes or No)	
	DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 30. PLACE OF INJURY—(a) home, (b) street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE	



STATE REGISTRAR

No. 223182

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

Date issued: **AUG 13 2002**

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Lincoln County

COPIES

119258

FILED FOR RECORDING
AT THE REQUEST OF

George E. Hales

2002 DEC 30 PM 2 59

LINCOLN COUNTY RECORDER
FEE \$6.00
LESLIE BOUCHER