

**AFFIDAVIT TERMINATING JOINT TENANCY**

1  
2 STATE OF NEVADA )  
3 )  
4 COUNTY OF LINCOLN )

5 ROBERT LABBE, being first duly sworn, deposes and says:

6 That Affiant is over the age of 21 years and competent to be a witness as to the matters  
7 hereinafter stated.

8 That Affiant is ROBERT LABBE, the person named as ROBERT LABBE,  
9 one of the grantees named in that certain DEED recorded as Instrument No. 105912 in  
10 Book 121, Page 1 of Official Records, in the Office of the County Recorder of Lincoln County,  
11 State of Nevada, which property described therein is located in the County of Lincoln, State of  
12 Nevada, and which property is known as and described as follows, to wit:

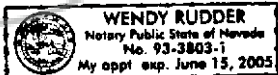
13  
14 LOT 6, PHASE I, ALAMO WEST SUBDIVISION  
15 COMMONLY KNOWN AS: PARCEL NUMBER 04-162-10, ALAMO, NV 89001

16 That ORPHA D. LABBE aka ORPHA LABBE was one of the grantees named in said deed  
17 and was the identical person named as ORPHA D. LABBE, the decedent in that certain Death  
18 Certificate, certified copy of which is annexed hereto and made a part hereof, which person died on  
19 the 26<sup>th</sup> day of

20  
21 NOVEMBER 2002, in St. George, Washington County, Utah.

22  
23 Robert T. Labbe

24 Subscribed and sworn to before me this  
25 31<sup>st</sup> day of December 2002.  
26 NOTARY PUBLIC, In and for said County  
27 and State. Wendy Rudder  
(Seal)



28  
WHEN RECORDED MAIL TO:  
ROBERT LABBE  
Box 566  
Alamo, NV 89001

Lincoln County

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **27-753** STATE FILE NUMBER

1. NAME OF DECEDENT: Orpha Delozes Labbe  
 2. SEX: Female  
 3. DATE OF DEATH: Nov 26, 2002  
 4. TIME OF DEATH: 1010

5. DATE OF BIRTH: Dec 15, 1923  
 6. AGE: 68  
 7. PLACE OF BIRTH: Unknown, NC  
 8. SOCIAL SECURITY NUMBER: [Redacted]

9. PLACE OF DEATH: 55 W. 700 S., #48  
 10. CITY, TOWN OR LOCATION OF DEATH: St. George  
 11. COUNTY OF DEATH: Washington

12. MARITAL STATUS: 2. Married  
 13. DECEDENT'S USUAL OCCUPATION: Robert Townsend Labbe  
 14. KIND OF BUSINESS OR INDUSTRY: Own Home

15. RESIDENCE: 6 Airport Road, Alamo, Lincoln, NV  
 16. EDUCATION: 12

17. FATHER'S NAME: Theodore Saude  
 18. MOTHER'S NAME: Mildred Peterson

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Robert Townsend Labbe, Spouse, P.O. Box 566, Alamo, NV 89001-0566

20. METHOD OF DEPOSITION: 2. Burial  
 21. DATE OF DEPOSITION: Nov 30, 2002  
 22. PLACE OF DEPOSITION: Alamo City Cemetery, Alamo, NV 89001

23. SIGNATURE OF PHYSICIAN: [Signature]  
 24. LICENSE NUMBER: 372906  
 25. MORTUARY: Metcalfe Mortuary  
 26. ADDRESS: 288 W. St. George Blvd., St. George, UT 84770

27. CERTIFYING PHYSICIAN: Craig Scott McCONE M.D., 544 South 400 East, St. George, UT 84770  
 28. REGISTRAR SIGNATURE: [Signature]  
 29. DATE: NOV 27 2002

30. IMMEDIATE CAUSE OF DEATH: Lung Carcinoma Small Cell Type  
 31. UNDERLYING CAUSE: [Redacted]

32. MANNER OF DEATH: 1. Natural  
 33. DATE OF INJURY: [Redacted]  
 34. TIME OF INJURY: [Redacted]  
 35. PLACE OF INJURY: [Redacted]

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: **NOV 27 2002**  
 County: **Washington**  
 Registrar: **Barry E Nangle**  
 Director of Vital Records

By: **[Signature]**  
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LL1082330



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

COPY

119260

FILED FOR RECORDING  
AT THE REQUEST OF

*Robert Labbe*

2003 JUN 2 PM 10 43

LINCOLN COUNTY RECORDER  
FEL No 98  
LESLIE BOUCHIER DEP-18