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A.P.N.: 002-083-01
File No: 152-2137020 (MJ)

FILED FOR RECORDING
AT THE REQUEST OF

When Recorded, Mail To:
Margie Gunn-Nutman
P.O. Box 314
Panaca, NV 89042

First American Title
2004 MAY 5 PM 2 23

LINCOLN COUNTY RECORDER
FEE 15⁰⁰ DEPT 112
LESLIE BOUCHER

AFFIDAVIT - TERMINATING JOINT TENANCY

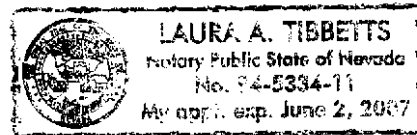
Margie Gunn-Nutman, of legal age, being first duly sworn, deposes and says:

That **James A. Gunn, Jr.**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James A. Gunn** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **July 19, 1974** executed by **Wayne Lee and Faye Lee** to **James A. Gunn and Margie L. Gunn, husband and wife** as joint tenants, recorded as Document No. **54688** on **July 23, 1974** in Book **10**, Page **592**, of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

Lot 1, Block 17, Town of Panaca, as shown upon map thereof recorded in the Recorder's Office, Lincoln County, Nevada.

Margie Gunn-Nutman 4/30/04
Margie Gunn-Nutman Date

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



This instrument was acknowledged before me on
4/30/04 by

Margie Gunn-Nutman

Laura A. Tibbetts
Notary Public

(My commission expires: _____)

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

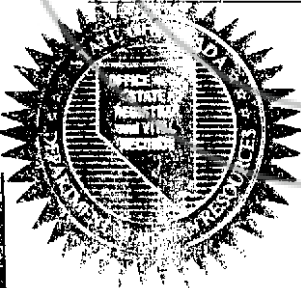
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last James A. GUNN Jr.		DATE OF DEATH (Month Day Year) June 15, 2000	COUNTY OF DEATH Lincoln
CITY, TOWN OR LOCATION OF DEATH Caliente		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number, If Hosp. or Inst. indicate DDA, OP, Emer. or Inpatient (Specify) Grover C. Dils Medical Center Inpatient	SEX Male
RACE—e.g. White, Black, American Indian, etc. (Specify) White	Was Decedent of Hispanic Origin, Specify: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> If yes, specify Mexican, Cuban, Puerto Rican, etc. 6	AGE—Last Birthday: Years 7a 74	UNDER 1 YEAR: MOS : DAYS 7b : : UNDER 1 DAY: HOURS : MINS 7c : : DATE OF BIRTH (Mo., Day, Yr.) June 19, 1925
STATE OF BIRTH (If not U.S.A., name country) Texas	CITIZEN OF WHAT COUNTRY U.S.A.	Decedent's Education, Specify highest grade completed 10 18	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married SURVIVING SPOUSE (If wife, give maiden name) Margie Lou Maddox
SOCIAL SECURITY NUMBER 13	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. Field Office Chief	KIND OF BUSINESS OR INDUSTRY 14b. Federal Aviation Association	
RESIDENCE—STATE Nevada	COUNTY Lincoln	CITY, TOWN, OR LOCATION Panaca	STREET AND NUMBER 2nd and D Street INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER—NAME First Middle Last James A. Gunn Sr.		MOTHER—MAIDEN NAME First Middle Last Cora Alma Sartor	
INFORMANT—NAME (Type of Print) Margie Gunn		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 314 Panaca, Nevada 89042	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	CEMETERY OR CREMATORY—NAME Cremation Center of St. George		LOCATION City or Town State St. George, Utah
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>Earl Plunkett</i>	FUNERAL DIRECTOR LICENSE NUMBER 20c. 15	NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008	
21. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Earl Plunkett MD</i> DATE SIGNED (Mo., Day, Yr.) 6-16-00		22. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>Earl Plunkett MD</i> DATE SIGNED (Mo., Day, Yr.) 6-16-00	
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		21c. HOUR OF DEATH 2125	
22b. PRONOUNCED DEAD (Mo., Day, Yr.) 6-16-00		22c. HOUR OF DEATH 2125	
22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Earl Plunkett MD; P.O. Box 30 Caliente, Nevada 89008		LICENSE NUMBER 4798	
REGISTRAR 24a. (Signature) <i>Sharon Sylvia</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 6-16-00	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART 1a. Sepsis DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death Hours 12:30	
PART 1b. Embolism DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death Hours 12:30	
PART 2. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. Hypertensive Congestive Vascular Disease		26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
ACC. EJICIDE, HOM., UNDET. OR PENDING INVEST (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE



STATE REGISTRAR

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

Date Issued: JUL 06 2000

State Registrar

Sharon Sylvia

No. 163866

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186
987