

FILED FOR RECORDING  
AT THE REQUEST OF

C. Pete Peterson

2004 JUN 17 AM 10 05

LINCOLN COUNTY RECORDED  
FEE 15<sup>00</sup> DEPT TD  
LESLIE BOUCHER

AFFIDAVIT  
TERMINATING JOINT TENANCY

STATE OF NEVADA )  
COUNTY OF LINCOLN ) ss:

HAVING FIRST BEEN DULY SWORN, Ronald L. Sandquist, the undersigned affiant, deposes and says as follows:

That he is one of the joint tenants in that deed recorded in Book 100 Page 684 of the property described as;

All of Lots numbered 102 and 103 in Sun Gold Manor Unit #1, a subdivision of the Town of Panaca, Lincoln County Nevada, as described on the official plat of said Sun Gold Manor Unit # 1, as recorded in the Office of the County Recorder of said County and State.

That his joint tenant, Violet K. Bringhurst died on March - 7 - 1996, as witness the Death Certificate recorded herewith.

That as surviving joint tenant he now claims the described property as his sole and separate property.  
FURTHER AFFIANT SAYETH NOT.

Ronald Sandquist  
Affiant

State of Nevada )  
County of Lincoln ) ss:

On 17<sup>th</sup> day of June 2004 personally appeared RONALD L. SANDQUIST, who having sworn acknowledged to me he signed the foregoing for uses and purposes therein.

Lola Stark  
Notary



**STATE OF NEVADA  
CERTIFICATION OF VITAL RECORD**

**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**

96 002651

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF LICENSURE FEES

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 <b>Violet Katherine BRINGHURST</b>			DATE OF DEATH (Month, Day, Year) <b>2. March 7, 1996</b>		COUNTY OF DEATH <b>3a. Lincoln</b>
CITY, TOWN, OR LOCATION OF DEATH <b>3b. Caliente</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>3c. Grover C. Dils Medical Center</b>		If Hosp. or Inst. indicate DOA, OPI, Emer. Rm. Inpatient (Specify) <b>3e. Inpatient /</b>	SEX <b>4. Female</b>
RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>	AGE—Last Birthday (Years) <b>7a. 80</b>	UNDER 1 YEAR MOS : DAYS <b>7b.</b>	UNDER 1 DAY HOURS : MINS <b>7c.</b>
DATE OF BIRTH (Mo., Day, Yr.) <b>8. 12-27-1914</b>		STATE OF BIRTH (If not U.S.A., name country) <b>3a. Utah</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	
SOCIAL SECURITY NUMBER <b>13. [REDACTED]</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life; Even if Retired) <b>14a. Beautician</b>		Decedent's Education. Specify highest grade completed. <b>10. 14</b>	
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Lincoln</b>	CITY, TOWN, OR LOCATION <b>15c. Panaca</b>	KIND OF BUSINESS OR INDUSTRY <b>14b. Beauty Salon</b>	
FATHER—NAME First Middle Last <b>16. Peter Karoff Rosenkrantz</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Lily Arlene Higley</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Widowed</b>	
INFORMANT—NAME (Type or Print) <b>19a. Ronald Sandquist</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>10b. PO Box 223 Panaca, Nevada 89042</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Desert Memorial</b>		LOCATION City or Town State <b>19c. Las Vegas, Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 15</b>	NAME AND ADDRESS OF FACILITY <b>20c. P.O. Box 994 Caliente, Nevada 89008</b>		
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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>21b. 3-10-96</b>			22a. 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>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>		
21c. HOUR OF DEATH <b>21c. 1800</b>			22c. HOUR OF DEATH <b>22c.</b>		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>23a. Joseph Wilkin MD; PO Box 472 Panaca, Nevada 89042</b>			22d. PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>		
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER), (Type or Print) <b>23a. Joseph Wilkin MD; PO Box 472 Panaca, Nevada 89042</b>			22e. PRONOUNCED DEAD (Hour) <b>22e. AT</b>		
23b. LICENSE NUMBER <b>23b. 3849</b>			22f. NAME AND ADDRESS OF REGISTRAR (Type or Print) <b>24a. [Signature]</b>		
24a. REGISTRAR (Signature)			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. 3-10-96</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I		(a) <b>Cardiopulmonary arrest</b>		Interval between onset and death <b>minutes</b>	
		(b) <b>Progressive pulmonary failure</b>		Interval between onset and death <b>1 week</b>	
		(c) <b>unknown</b>		Interval between onset and death	
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Hypoparathyroidism</b>		AUTOPSY (Specify Yes or No) <b>26. NO</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. NO</b>		ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>			
DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		HOUR OF INJURY <b>28c.</b>		DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>	

STATE REGISTRAR

No. 091853

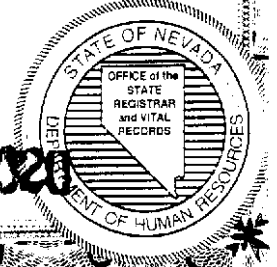
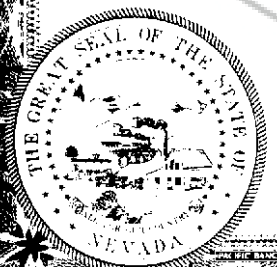
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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **JUN 16 2004**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE