

122738

FILED FOR RECORDING
AT THE REQUEST OF

A.P.N.: 012-060-09
File No: 152-2139579 (MJ)

When Recorded, Mail To:
Lyle Shane Stever
P. O. Box 118
Pioche, NV. 89043

First American Title

2004 JUL 29 PM 2 34

LINCOLN COUNTY REC. CLERK
FEB 17 00
LESLIE DOUGHERTY

AFFIDAVIT - TERMINATING JOINT TENANCY

Lyle Shane Stever, of legal age, being first duly sworn, deposes and says:

That **Amy Jo Stever**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Amy Jo Stever** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **October 21, 1999**, executed by **Ange Free** to **Lyle Shane Stever and Amy Jo Stever, husband and wife** as joint tenants, recorded as Document No. **113506** on **October 21, 1999** in Book **144, Page 376** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

All of 17 acres in the N1/2 NE1/4 SW1/4 of Section 5, and 1 acre in the N1/2 NE1/4 SW1/4 of said Section 5, all in Township 1 South, Range 69 East, Lincoln County, Nevada.

A MORE ACCURATE LEGAL DESCRIPTION IS ATTACHED HERETO

Lyle Shane Stever

Lyle Shane Stever

7-14-04

Date

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

This instrument was acknowledged before me on
July 14th 2004 by

Lyle Shane Stever
Lyle Stever
Notary Public
(My commission expires: 6-5-06)



COOPER

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	DECEASED—NAME First Middle Last AMY JO STEVER	DATE OF DEATH (Month, Day, Year) (Found) 2 November 28, 2001	STATE FILE NUMBER	COUNTY OF DEATH 3a Lincoln
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3c Pioche		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c 80 Pioche Street		SEX 4 Female
	RACE—(e.g. White, Black, American Indian, etc.) (Specify) 5 White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6	AGE—Last Birthday (Years) 7a 30	UNDER 1 YEAR MOS : DAYS 7b	UNDER 1 DAY HOURS : MINS 7c
DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a Kansas	CITY OF WHAT COUNTRY 9b U.S.A.	Decedent's Education. Specify highest grade completed. 10 13	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11 Married	DATE OF BIRTH (Mo., Day, Yr.) 8 May 25, 1971
	SOCIAL SECURITY NUMBER 13		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home	
PARENTS	RESIDENCE—STATE 15a Nevada	COUNTY 15b Lincoln	CITY, TOWN, OR LOCATION 15c Pioche	STREET AND NUMBER 15d 80 Pioche Street	INSIDE CITY LIMITS (Specify Yes or No) 15e Yes
	FATHER—NAME First Middle Last 16 Michael Reynolds		MOTHER—MAIDEN NAME First Middle Last 17 Mary Jo Carroll		
DISPOSITION	INFORMANT—NAME (Type or Print) 18a Lyle Shane Stever		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18c P.O. Box 234 Pioche, Nevada 89043		
	BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a Cremation	CEMETERY OR CREMATORY—NAME 19b Cremation Center of St. George		LOCATION City or Town State 19c St. George, Utah	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b 15	NAME AND ADDRESS OF FACILITY 20c 730 Front Street Caliente, Nevada 89008	
	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) DATE SIGNED (Mo., Day, Yr.) 21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c HOUR OF DEATH 21d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a Gary L. Davis; P.O. Box 570 Pioche, Nevada 89043		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) DATE SIGNED (Mo., Day, Yr.) 22b 03-21-02 PRONOUNCED DEAD (Mo., Day, Yr.) 22c Before 1207 PRONOUNCED DEAD (Hour) 22d ON 11-28-01 22e AT 1207		
CAUSE OF DEATH	REGISTRAR <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b 03-21-02	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 (a) Carbon Monoxide Inhalation DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death minutes Interval between onset and death Interval between onset and death		
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No) 25. Yes	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 29a Accident	DATE OF INJURY (Mo., Day, Yr.) 28b Before 11-28-01	HOUR OF INJURY 28c Before 1207	DESCRIBE HOW INJURY OCCURRED 28d Fell unconscious in garage while vehicle running.	
INJURY AT WORK (Specify Yes or No) 29e No	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f Garage	LOCATION 28g 245 Main Street	STREET OR R.F.D. No.	CITY OR TOWN Pioche,	STATE Nevada



STATE REGISTRAR

[Signature]

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

Date Issued: **APR 04 2002**

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State Registrar

EXHIBIT "A"
LEGAL DESCRIPTION

The North Half (N1/2) of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 5, Township 1 South, Range 69 East, M.D.B. and M., Lincoln County, Nevada

Except therefrom:

The North One Fifth (N1/5) of the Northeast Quarter (NE1/4) of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) and the East Half (E1/2) of the North One Fifth (N1/5) of the Northwest Quarter (NW1/4) of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4).

The above description was prepared by: Spencer W. Hafen 99 W. Hollywood, Pioche, Nevada 89043.