

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

A.P.N.: 002-102-18
File No: 152-2141285 (MJ)

When Recorded, Mail To:
Zelma Schiefer
1574 N. Dixie Down Rd., #7
St. George, UT 84770

2004 AUG 6 PM 3 37

LINCOLN COUNTY RECORDER
FEE \$15.00 SEP
LESLIE BOUCHER RB

AFFIDAVIT - TERMINATING JOINT TENANCY

Zelma G. Schiefer, of legal age, being first duly sworn, deposes and says:

That **John Abraham Schiefer**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John Abraham Schiefer** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **December 12, 1978** executed by **Clarence V. Johnson and Lucile T. Johnson** to **John Abraham Schiefer and Zelma G. Schiefer, husband and wife**, as joint tenants, recorded as Document No. **63537** on **January 10, 1979** in Book **28, Page 464**, of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

Lot 51, Sun Gold Manor Unit No. 1, as shown by map thereof recorded September 30, 1952 as File No. 27842 in the Office of the County Recorder of Lincoln County, Nevada.

Zelma Schiefer
Zelma G. Schiefer Date

STATE OF Utah)
COUNTY OF Washington) :SS.

This instrument was acknowledged before me on

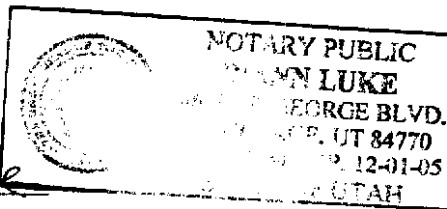
July 19, 2004 by

Zelma G. Schiefer

Anna Luke

Notary Public

(My commission expires: 12-1-05)



STATE OF UTAH - DEPARTMENT OF HEALTH

Access to information on this form is limited under the Utah State Access and Rules Act

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

LOCAL FILE NUMBER **17-607**

STATE FILE NUMBER

DECEDENT	1. NAME OF DECEDENT John Abraham Schiefer			2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr) Oct 17, 2001	3b. TIME OF DEATH (24 hr. clock) 1725	
	4. DATE OF BIRTH (Mo., Day, Yr) July 31, 1940		5. AGE-Last Birthday 61	6. BIRTHPLACE (City & State or Foreign Country) kanab, Ut	7. SOCIAL SECURITY NUMBER [REDACTED]		
	8a. PLACE OF DEATH (check only one) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Other (specify) <input type="checkbox"/> 5. Nursing Home <input type="checkbox"/> 6. Residence (any)						8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location) DIXIE REGIONAL MEDICAL CENTER
	8c. CITY, TOWN OR LOCATION OF DEATH St. George			8d. COUNTY OF DEATH Washington	9. SURVIVING SPOUSE (if wife, give maiden name)		
	10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input type="checkbox"/> 3. Widowed <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Restaurant Owner		12b. KIND OF BUSINESS OR INDUSTRY Restaurant Owner
	13a. RESIDENCE - STREET AND NUMBER 900 N Main St.			13b. CITY, TOWN, OR COMMUNITY Leeds	13c. COUNTY Washington	13d. STATE UT	
	13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	13f. ZIP CODE 84746	14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am Indian (tribe may be entered), Japanese, etc. (Specify) White	16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 16	
	17. FATHER'S NAME (First, Middle, Last) Guy Arden Schiefer			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Lucy Crawford			
	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Zelma Schiefer Wife 800 N Main St., Leeds, UT 84746						
	DISPOSITION	20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21a. DATE OF DISPOSITION Oct 20, 2001	21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Jolley-Gifford Cemetery	21c. LOCATION - City or Town, State Springdale, UT 84767	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Todd Bonzo</i>		23. LICENSE NUMBER 111435	24. FUNERAL HOME (Name and address) Metcalf Mortuary				
CERTIFIER	25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 10/17/01		25. If not certified by medical examiner, was death reported to M.E. (if yes, enter the date and hour reported). M.E. CASE NO. _____ HR _____ MO _____ DAY _____ YEAR _____		26. FUNERAL HOME (Name and address) 288 West St. George Blvd St. George, UT 84770		
	27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.						
	27b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		27c. LICENSE NUMBER 491-4589-1205	27d. DATE SIGNED (Mo., Day, Yr.) 10/25/01			
REGISTRAR	29. REGISTRAR'S SIGNATURE <i>[Signature]</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)	30b. DATE FILED (Mo., Day, Yr.) OCT 29 2001			
	31. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE OF disease or condition resulting in death a. Metastatic Prostate Cancer DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.						
CAUSE OF DEATH	PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input checked="" type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 4. is unknown in relation to the cause of death.		33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
	34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined if injured Purposely or Accidentally <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo., Day, Yr.)	35b. TIME OF INJURY (24 hour Clock)	35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)	
UDH-BVR Form 12, Rev. 12/98	35e. LOCATION (Street or rural route number, city or town, county and state.)		35f. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31).				

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: **OCT 29 2001**
Washington

County: *[Signature]*
Registrar: *[Signature]*

Barry E Nangle

Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By *[Signature]*

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