FILED FOR RECORDING AT THE REQUEST OF

A.P.N.:

003-183-01

File No:

152-2159634 (MJ)

When Recorded, Mail To:

Lasca Schofield P.O. Box 534 Callente, NV 89008 2004 SEP 3 PM 1 03

LINCOLT COUNTY RECORDER FEE \$1500 DEP

LESLIE BOUGHER &

First American Title

AFFIDAVIT - TERMINATING JOINT TENANCY

Lasca Schofield, of legal age, being first duly sworn, deposes and says:

That James Bruce Schofield, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain Grant, Bargain, Sale Deed dated June 15, 1976 executed by Ila Gertrude Gustafson to James Schofield and Lasca Schofield as joint tenants, recorded as Document No. 58295 on July 12, 1976 in Book 17, Page 450 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada:

Lots 21 and 22, Block 11, and that tract 225 feet long in the rear of and adjoining Lots 14 through 22 in said Block 11, extending back at right angles 173 feet, in the Town of Caliente as shown upon map thereof recorded November 10, 1904 in the Recorder's Office, Lincoln County, Nevada.

Lasca Schofield

Date

STATE OF

NEVADA

•cc

COUNTY OF

LINCOLN

This instrument was acknowledged before me on

Aircrust 31 2004 by

Lasca Schofield

Notary Public

(My commission expires: _

10/1/07

300K 190 PAGE 43U

LAURA A. TIBBETTS Notary Public State of Nevoda No. 94-5334-11

My appt. exp. June 2, 20

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH LOCAL FILE NUMBER STATE FILE NUMBER a. DATE OF DEATH (Mo., Day, Yr) 36.TIME OF DEATH 24 W SUBJECT TEAR INFUNDER 24 HRS 6 BIRTHPLACE (City & State or Foreign Columny)

Months Days Hours Minutes Bruce 0751 4. OATE OF BIRTH (Mo., Day, Yr) 5. AGE - Last Birthday SOCIAL SECURITY NUMBER September 27, 1926
3a. PLACE HOSPITAL (status codes for the OF DEATH | 1. Impatient WILCOX, ATIZOTA

8b. NAME OF HOSPITAL, NURSING HOME OR CTHE
(if ourside a facility, give screen address of location) X 5. Nursing Home 6. Residence (any) 7. Other (specify) one) 2. ER/Outpetient 3. DOA 8c. CITY, TOWN OR LOCATION OF DEATH Kolop Regional Care Center
9. SURVIVING SPOUSE (if wife give makken name 8d. COUNTY OF DEATH Cedar City
O. WAS DECEDENT
EVER IN THE U.S.
ARMED FORCES? Lasca Loraine Gustafson

12a DECEDENTS USUAL OCCUPATION (Give kind of work dane) 12b. KIND OF BUSINESS OR IND. ISTR
dunng most of working life. Do NOT enter retred) DECEDENT 11 MARITAL STATUS 1. Never Married 3. Wildowed X 1. Yes 2. No X 2. Married 4. Divorced Heavy Equipment Operater RESIDENCE - STREET AND NUMBER 13b CITY, TOWN, OR COMMUNITY 13c COUNTY Go STATE 293 Hill Street 15. RACE - Black, White, Am. Indian (hibe may be entered) Japanese, etc. (Speciny, 14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify) 1. Yes 🗡 2. Na EDUCATION repeny proy a shear grade complete. Hiernetary or Secondary 3:12) College(13-16) X 1. Yes 1. Mexican 2. Cuban 2. No 3. Puerto Rican 🔲 4 Other (Specify) 8. MAIDEN NAME OF MOTHER JEST MAIN PARENTS David Kenneth Schofield Eddes Love 9. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT INFORMANT Lasca Loraine Schofield 20. METHOD OF DISPOSITION 215. PLACE OF DISPOSITION mame of cemetery. 215. LUCATION - City or flown stay mematory, or other place. 1. Entombrent 2. Donation 3. Other DISPOSITION 5. Cremation 6. Removal Schoolield Cametery | Althour 102993 Southern Utah Mortuary Yes 2. No CERTIFIER Dr. Ellen Gardner .5 East 400 North, Parowan, UT 84761 REGISTRAR PART FENTER THE DISEASE STUDINGS OR RESPIRATORY ARREST, SHOCK, OR IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO A AS A CONSEQUENCE OF Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disasse or injury that initiated events resulting in ideath) LAST DUE/O (OR AS A CONSEQUENCE OF) MERE ALTOPS / EINGINGS AVAILABLE PRIORITO COMPLETION OF CAUSE OF CEATH? CAUSE OF DEATH 5. NON-USER 2. Was the underlying cause of ceath 5. UNKNOWN IF USER ____1 ∀es . . 2. No es 2 No 4. MANNER OF DEATH 2 Accident 1 Yes 2 No 4 Homicide 3 Suic de 5. Undetermined 6. Pending frigured investigation Purposely or Accidentally UDH-BYR 35g. DESCRIBE FOW INJURY OCCURRED (collect equation of events Form 12. Rev. 12/98 This is to certify that this is a true copy of the certificate on file in this office. This pertified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended, Barry E Nongle IRON County Barry E. Nangle DIRECTOR OF VITAL RECORDS Registrar 190 ma 431

SPIH-BVH/HS

STATE OF UTAH — DEPARTMENT OF HEALTH.