

When Recorded, Mail To:
Lois Steele
PO Box 505 ^{\$15.00}
Alamo, Nevada 89001

FILED FOR RECORDING
AT THE REQUEST OF

Colleen Cottam

2005 AUG 8 PM 4 13

APN:

LINCOLN COUNTY RECORDER
FEE ^{15.00} DEP *cu*
LESLIE BOUCHER

AFFIDAVIT

TERMINATING JOINT TENANCY

State of Nevada)

County of Lincoln)

Lois Steele, being first duly sworn, and deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Lois Steele is the person named as Lois Steele, one of the owners in that certain parcel map recorded March 26, 2004, as Document No. 122079, in Plat Book C, Page 34, of Official Records, in the office of the County Recorder of Lincoln, State of Nevada.

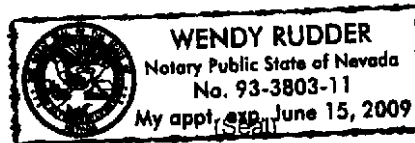
That Thomas W. Steele was one of the owners named in parcel map and was the identical person named as Thomas W. Steele the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

DATED: 7-11- 2005

Lois Steele
LOIS STEELE

Subscribed and Sworn to before me

this 11th day of July, 2005.
Wendy Rudder
Notary Public in and for said County and State

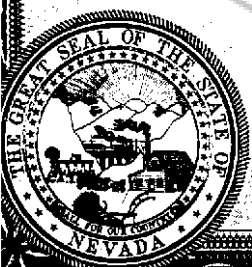


**STATE OF NEVADA
CERTIFICATION OF VITAL RECORD**

**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**

TYPE OF DEATH OCCURRED IN INSTITUTION OR HANDBOOK
IDENTIFYING ITEM
REMARKS
REASONS
POSITION
CERTIFIER
REASONS
DATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Thomas Worth STEELE				2. July 2, 2004	COUNTY OF DEATH
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)	3a. Lincoln
3b. Alamo		3c. 505 Rodeo Drive		3e. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	DATE OF BIRTH (Mo., Day, Yr.)
5. White		6.		7a. 80	7b. : : 7c. : : February 9, 1924
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9a. Nevada		9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. [REDACTED]		14a. Rancher		11. Married	
RESIDENCE—STATE		COUNTY		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		15b. Lincoln		14b. Agriculture	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		CITY, TOWN, OR LOCATION	
16. Joseph Worth Steele		17. Margery Stewart		15c. Alamo	
18a. Lois E. Steele		MOTHER—MAIDEN NAME First Middle Last		STREET AND NUMBER	
18b. P.O. Box 505 Alamo, Nevada 89001		15d. 505 Rodeo Drive		INSIDE CITY LIMITS (Specify Yes or No)	
19a. Burial		19b. Alamo Cemetery		19c. Alamo, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20b. 15		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) [Signature] M.D.		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) stated. (Signature and Title) [Signature]		DATE SIGNED (Mo., Day, Yr.)	
21b. 07-06-04		21c. 0211		22b. DATE SIGNED (Mo., Day, Yr.)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22e. AT		22e. ON	
23a. R. William Katschke M.D.; P.O. Box 1010 Caliente, Nevada 89008		23b. 10509		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. [Signature]		24b. 07-06-04		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 I		PART II	
(a) Respiratory Failure		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) End Stage COPD		DUE TO, OR AS A CONSEQUENCE OF:		Immediate	
(c) Congstive Heart Failure		DUE TO, OR AS A CONSEQUENCE OF:		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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a. No		28b. Yes		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
28a.		28b.		28c. M	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
28e.		28f.		28d.	
		LOCATION.		STREET OR R.F.D. No.	
		28g.		CITY OR TOWN	
				STATE	



24865

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

No. 269875

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.

JUL 14 2004

DATE ISSUED:

BOOK STATE REGISTRAR PAGE 413

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

ANY ALTERATION OR ERASURE VOIDA THIS CERTIFICATE

