

APN: 003-132-18

FILED FOR RECORDING
AT THE REQUEST OF

Jesse Witz Jr.

2005 SEP 23 AM 11 45

LINCOLN COUNTY RECORDER
FEE 16.00 DEPOSED
LESLIE BOUCHER**AFFIDAVIT – TERMINATION OF JOINT TENANCY**

I, JESSE WITZ JR., an unmarried man, being of legal age, and being first duly sworn, deposed and says:

That DORIS VIOLA WITZ, the decedent mentioned in the attached certified copy Certificate of death, is the same person as DORIS VIOLA WITZ, named as one of the parties in that certain Grant Bargain Sale Deed dated March 7, 1979, and executed by JOHN RUSSELL ORR and KRISTEN E. ORR, husband and wife, known as "Grantors" to JESSE WITZ JR. and DORIS VIOLA WITZ, husband and wife, as joint tenants, known as "Grantees", and recorded as instrument numbered 63862, on the 26th day of March, 1979, in book 29 pages 263 & 264, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

APN 003-132-18

Land situate in Caliente, Lincoln County, State of Nevada and bounded and particularly described as follows, to-wit;

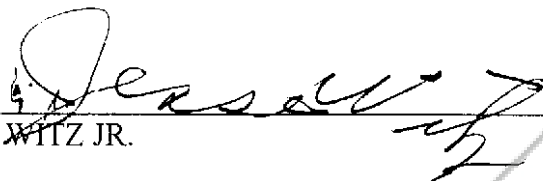
Lots Numbered Twenty (20) and Twenty-one (21), in Block "B" of the JAMES H. GOTTFREDSON ADDITION to the City of Caliente, Lincoln County, Nevada.

EXCEPTING AND RESERVING to Los Angeles and Salt Lake Railroad Co., its successors, grantees and assigns;

FIRST: the fee simple title to any and all coal, oil and other minerals, within or underlying said land, intending thereby any and all inorganic substances (including oil and natural gas) now known to exist or hereafter discovered upon or beneath the surface, having sufficient value, separated from their situs as a part of the earth, to be mined, piped, pumped, quarried, dug, or otherwise, removed, for their own sake, or their own specific uses, it being the intention of the part of the first part to convey surface rights only.

SECOND: the perpetual and exclusive right to remove any and all such substances, the earth or other matter containing same necessary or convenient in the removal thereof; it being understood, however, that neither the Los Angeles & Salt Lake Railroad Co. nor its successors, grantees or assigns shall have the right to use any of the surface of said land and that the mining and removing of said substances shall be carried on in such a way as not to damage the surface of said land or to interfere with the use of the surface of said land by the part of the second part.

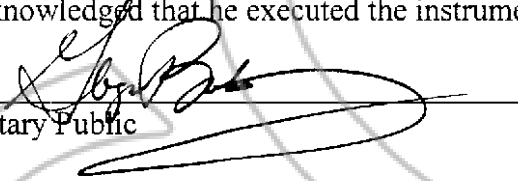
In Witness Whereof I have hereunto set my hand this 20th day of September, 2005.



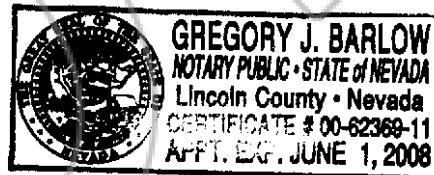
JESSE WITZ JR.

State of Nevada)
County of Lincoln)

On this 20th day of September, 2005 personally appeared before me, a Notary Public Jesse Witz Jr., an unmarried man, personally known to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument



Notary Public



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

2005 0009740

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE LISTING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

DECEASED—NAME First Middle Last 1. Doris Viola WITZ			DATE OF DEATH (Month, Day, Year) 2. June 26, 2005		COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dils Medical Center		If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) 3a. Inpatient	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. 80	UNDER 1 YEAR MOS : DAYS 7b.	UNDER 1 DAY HOURS : MINS 7c.	DATE OF BIRTH (Mo., Day, Yr.) 8. April 14, 1925
STATE OF BIRTH (If not U.S.A., name country) 9a. Michigan	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 10	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Jesse Witz Jr.	
SOCIAL SECURITY NUMBER 13.	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker	914	KIND OF BUSINESS OR INDUSTRY 14b. Own Home		
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Caliente	STREET AND NUMBER 15d. 822 Lincoln St.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Arthur C. Root		MOTHER—MAIDEN NAME First Middle Last 17. Elizabeth Emma Clark			
INFORMANT—NAME (Type or Print) 18a. Jesse Witz Jr.		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 12 Caliente, Nevada 89008			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. Southern Utah Crematory		LOCATION City or Town State 19c. Cedar City, Utah		
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008 09			
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> Mrs		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.) 21b. 06-27-05		HOUR OF DEATH 21c. 1805		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22c. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. R. William Katschke, M.D.; P.O. Box 1010 Caliente, NV 89008					LICENSE NUMBER 23b. 10509
REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 06-27-05		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 I	(a) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF:		: Interval between onset and death : Minutes		
	(b) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF:		: Interval between onset and death : Years		
	(c) Tobacco Abuse DUE TO, OR AS A CONSEQUENCE OF:		: Interval between onset and death : Years		
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) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

STATE REGISTRAR

No. 270144

079186

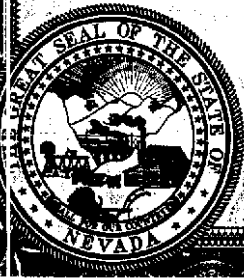
CERTIFIED COPY OF VITAL RECORDS

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: AUG 18 2005

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

[Signature]
STATE REGISTRAR
2005 PAGE 425



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE