

When recorded, mail to:

Name: _____

Address: _____

City/State/Zip Code: _____

FILED FOR RECORDING
AT THE REQUEST OF

Garld E. Blanton

2006 FEB 23 AM 9 33

LINCOLN COUNTY RECORDER
FEE \$16.00
LESLIE BOUCHER

Space above this line for Recorder's use

AFFIDAVIT TERMINATING JOINT TENANCY

State of NEVADA)
County of LINCOLN) ss.

The undersigned, being first duly sworn according to law, deposes and says that:

1. I am the surviving Joint Tenant of WILLIAM E. BLANTON who died on the 12th day of MARCH, 1993, in the City of COUNCIL GROVE, State of KANSAS, and who was immediately before his(her) death, a resident of MORRIS County, State of KANSAS.

2. At the time of death, the deceased person herein named, was the owner in Joint Tenancy with me, of the following described Real Property, to wit: GARLD E. BLANTON, JOY BLANTON (FORMERLY JOY WALTON), WILLIAM E. BLANTON All of 40 ACRES IN THE NE 1/4 NE 1/4 SEC. 20 T11N12P IN RANGE 57E., IN THE COUNTY OF LINCOLN, State of Nevada

3. The status of Joint Tenancy was created by the acquisition of said property as Joint Tenants under a Joint Tenancy Deed executed in our favor by R.S. VANKIRK, dated JUNE 22, 1987, and recorded on JUNE 22, 1987, in the Office of the Recorder of LINCOLN County, State of NEVADA, in Docket 87141, Page(s) Book 75, Pg. 566; 567.

4. A Certified Copy of the Certificate of Death is included herewith for recordation;

5. No Federal or Estate Tax is due with respect to said property, and, if an Estate Tax Waiver is required, the same is separately recorded herewith.

Dated: 2/4/06

Joy H. Blanton
Garld E. Blanton
Signature of Agent
Garld E. Blanton

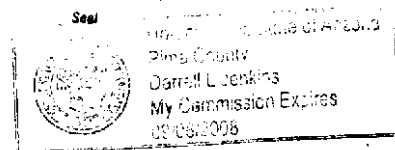
State of Arizona)
County of Pima) ss.

On this 4 day of February, 2006, before me, the undersigned Notary Public, personally appeared Garld E. Blanton & Joy H. Blanton

known to me to be the individual(s) who executed the foregoing instrument and acknowledged the same to be his(her)(their) free act and deed.

My Commission Expires: 09-08-2008 Darrell L. Jenkins
Notary Public

If acknowledged in State of Florida, complete section below:
(Check One) Personally Known (or) Produced Identification
If applicable, Type of Identification Produced: _____



MAR 17 1993

93-004540

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

CERTIFICATE OF DEATH

1. DECEDENT'S NAME FIRST: William MIDDLE: Eugene LAST: BLANTON			2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) March 12, 1993		
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Yrs.) 68	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	5. DATE OF BIRTH (Mo., Day, Yr.) May 25, 1924	7. BIRTH-PLACE (City and State or Foreign Country) Dunlap, Kansas
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DQA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b. FACILITY NAME (If not institution, give street and number) Morris County Hospital			9c. CITY, TOWN, OR LOCATION OF DEATH Council Grove		9d. COUNTY OF DEATH Morris	
10. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) Lois Weeks		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Maintenance Mechanic		12b. KIND OF BUSINESS/INDUSTRY (Do not give name of company) Beef Packing Plant
13a. RESIDENCE—STATE Kansas	13b. COUNTY Morris	13c. CITY, TOWN, OR LOCATION AND ZIP CODE Council Grove 66846		13d. STREET AND NUMBER Rt. 3 Box 20	13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
14. ANCESTRY—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify) American		15. RACE—(Native American, Black, White, etc.) (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 8th College (1-4 or 5+)		
17. FATHER'S NAME FIRST: John MIDDLE: BLANTON LAST: BLANTON			18. MOTHER'S NAME FIRST: Leora MIDDLE: PARRISH MAIDEN SURNAME: PARRISH			
19a. INFORMANT'S NAME (Type) Lois Blanton (Wife)		19b. MAILING ADDRESS (Street and Number, or Rural Route, City or Town, State, Zip Code) Rt. 3 Box 20, Council Grove, Kansas 66846				
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sunny Slope Memorial Garden		20c. LOCATION—City or Town, State Council Grove, Kansas		
21a. FUNERAL SERVICE LICENSEE & LICENSE NO. (Signature) Donald J. Bremer #2139			21b. NAME OF EMBALMER & LICENSE NO. Christopher Lynn Hugunin #3317			
22. NAME AND ADDRESS OF FIRM Kendall Funeral Chapel 102 N. Mission, Council Grove, Kansas 66846						
23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Signature and Title) X Daniel R. Freese 23b. DATE SIGNED (Mo., Day, Yr.) March 15, 1993 23c. TIME OF DEATH 2:15 A.M. 23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			24a. 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 as stated. (Signature and Title) X 24b. DATE SIGNED (Mo., Day, Yr.) 24c. TIME OF DEATH 24d. PRONOUNCED DEAD (Mo., Day, Yr.) 24e. PRONOUNCED DEAD (Hour) A.M. P.M. A.M. P.M.			
25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, OR CORONER) (Type or Print) Daniel R. Freese, M.D., 604 N. Washington, Council Grove, Kansas 66846						
26. PART I. Enter the disease, 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. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Lung cancer 1 year b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic obstructive pulmonary disease			27a. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28. WAS CASE REFERRED TO CORONER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Mo., Day, Yr.)	30b. TIME OF INJURY A.M. P.M.	30c. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30d. DESCRIBE HOW INJURY OCCURRED	
30e. PLACE OF INJURY—Own home, other residence, farm, street, factory, office building, etc. (Specify)			30f. LOCATION (Street and Number or Rural Route, City or Town, State)			

VS-291 Rev. 4/90



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2005 DEC -8 PM 3: 58

Lorne A. Phillips, Ph.D.
State Registrar
Office of Vital Statistics
Department of Health & Environment

A02850091

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

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