When recorded, mail to:	FILED FOR RECORDING
Name:	AT THE DEQUEST OF
Address:	Garld E. Blanton
	2006 FEB 23 AM '9 33
City/State/Zip Code:	LINCOLR COUNTY REDOPORA
Office that have been a	FEET 16.90 DEP
	Space above this line for Recorder's use
AFFIDAVIT TERMINA	TING JOINT TENANCY
State of NEVADA	
County of LINCOLN	St.
The undersigned, being first duly sworn accord	
T. I am the surviving Joint Tenant of	LIAM E. BIANTON
who died on the 12 Th day of MAR	, 1993, in the City of
immediately before his(her) death, a resident of	
KANSAS	County, State of
Blanton (Formly TOV Wa All of 40 ACRES IN The	n named, was the owner in Joint Tenancy with me, of GARLO E. BLONTON, TOU HOND, WILLIAM E. BLONTON, NEW SEC. 20 TWISP The COUNTY OF LINCOLN,
3. The status of Joint Tenancy was created by the	acquisition of said property as Joint Tenants under a
Tours sensitely pred executed in our layor by -	KID, VANKIRK
on TUNE 22 1982	lated JUNE ZZ , 1987, and recorded
on JUNE 22 1987, in the Office County, State of NEV209	se of the Recorder of <u>C-/ASCOIN</u>
200 130 130 36/	\ \
4. A Certified Copy of the Certificate of Death is in	noluded herewith for recordation:
p. No regeral of Estate 1 ax is due with respect to a	aid property, and, if an Estate Tax Waiver is required,
the same is separately recorded herewith. Dated: 2/4/06	Jan & Blanton
Dated:	The Stanting
	Darle E. Blanton
/ n / n / n / n / n / n / n	Signatura of Atlant
State of Arizona	
County of Pim2	\$8,
On this 4 day of February 2	ے ہ ہے۔
personally appeared @ > LL & B1	, before me, the undersigned Notary Public, anton & Joy H. Blanton
known to me to be the individual(s) who executed th	e foregoing instrument and acknowledged the same
to be his(her)(their) free act and deed.	OX / A
My Commission Expires: 09-03-72003	Danrece Jeahner
If acknowledged in State of Florida, complete secti (Check One) □ Personall Known (or) □ Produced i	dentification
If applicable, Type of Identification Produced:	ing the special differential in the second of the second o
	Oarrell Litenkins My Commission Expires

MAR 1 7 1993

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Office of Vital Statistics

CERTIFICATE OF DEATH

I. DECEDENTS NAME	FIRST	122. 4					
		MIODLE		LAST	2. SEX		Airrente Lago Vol
W1.	lliam	Eugene um Biritary St. UNDER 1	BLAN		Male		12. 1993
1. SOCIEL SECOVETT NUMBER	SA. AUE-	Months	Days Hours Min	8. DATE OF BIRTH		7. BIRTHPLACE or Fogsign Co	Kansas
WAS DECEDENT EVER IN U.S.	_	68		May 25, ≭ OF DEATH (Chieck only o		Duntap	, Kansas
ARMED FORCES? Yes	HOSPITAL		OTHER	a or bodin joned day to			
<u>[3</u>] №	Inpetters	ER/Outpatient	☐ DOA ☐ RAJERS				
b. FACILITY NAME (If not institution, g			9c. Crif	Y, TOWN, OR LOCATION O	FOEATH	₩ ∞	INTY OF DEATH
Morris County H	ospital			uncil Grove			rris
Married Hever Married	11. SURVIVING SPOUSI	E (V sdfe, give maiden neme)	12st DECEDENT'S USE done during most	JAL OCCUPATION (GA++ Mo of working life. Do net use re		IND OF BUSINESSAM No name of company)	DUSTRY (Do not
Widowed Divorced					70	e Spelain	a. 73 a.u.b.
· · · · · · · · · · · · · · · · · · ·	Lois Week		1	ce Mechanic	1000	ef Packin	T 7k.
SA RESIDENCE—STATE 13	P COUNTA	ISC. CITY, TOWN, O	R LOCATION AND ZIP CO	DOE 134. 87	REET AND MANBER		13e. INSIDE CITY LIMITS!
(ansas i	morris	Council	Grove 668	46 Rt	. 3 Box 2	20	[3 No
 ANCESTRY—(Guber, Mexican, Pur Hmong, English, German, etc.) (Spe 		15. RACE-(Nettre Americ White, etc.) (Specify)	cen, Sleok,		18. DECEDENT'S (Specify only highest g		
	-		Element	ery/Secondary (0-12)	le	ollege (1-4 or 5+)	
American		White		8t	16.		
7. FATHER'S NAME FIRST				HER'S NAME FIR	\$7	MEDDLE	MAIDEN BURNAME
John		BLAN		Lec			PARRISH
NECHMANT'S HAME (Type)			76. 76.	umber, or Rurel Roule, City			
Lois Blanton	(Wife)	Rt.	3 Box 20,	Council Gr	ove, Kans	sas 66846	
A. METHOD OF DISPOSITION Burlai Cremeton Ren	noval from State	206. PLACE OF DISPOSIT	TION (Name of cometery,	orematory, or other place)	20c. LOCATION-	-City or Town, State	
Donation Other (Specify)		Cupper Class	o Momovi ol	Candon	Courses	l Grove,	Vancac
A FUHERAL SERVICE LICENSEE &	LICENSE NO (Consess)	Sunny Slop		ME OF EMBALMER & LICE	-873	L GLOVE!	Maribab
T TOTAL DESTRUCE DOCUMENT	DOERSE NO. (SQUEEN)		****	and the Embediness & Tick	ASC AU.		
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Donalde 2. HAME AND ADDRESS OF FRIM	J. Bres	mer #2	139 C	hristopher	Lynn Hugi	unin #33	17
2. HAME AND ADDRESS OF FRAM Kendall Funeral	1/	oz N. Missio			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		17
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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.