

FILED FOR RECORDING
AT THE REQUEST OF
First American Title
2006 JUN 8 PM 12 56

A.P.N.: 002-191-17
File No: 152-2269939 (MJ)

When Recorded return to, and mail Tax Statements to:
Barry Isom
P.O. Box 428
Panaca, NV 89042

LINCOLN COUNTY RECORDER
FEE \$11.00
LESLIE BOUCHER

AFFIDAVIT - TERMINATING JOINT TENANCY

Barry Isom, of legal age, being first duly sworn, deposes and says:

That **Linda Isom**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Linda H. Isom** named as one of the parties in that certain **Joint Tenancy Deed** dated **September 7, 1977** executed by **Clarence L. Hansen and Joan F. Hansen** to **Barry C. Isom and Linda H Isom** as joint tenants, recorded as Document No. **60341** on **September 7, 1977** in Book **22** Page **59** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

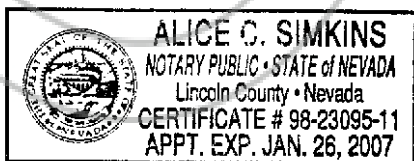
Parcel #1 of the Barry Isom parcel map recorded in Book C, Page 19 of the Lincoln County records, document no. 121410

[Signature] 6-4-06
Barry C. Isom Date

STATE OF **NEVADA**)
) :ss.
COUNTY OF **LINCOLN**)

This instrument was acknowledged before me on June 4th, 2006 by Barry C. Isom

Barry C. Isom
[Signature]
Notary Public
(My commission expires: Jan 26, 2007)



NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Name: Alice C. Simkins

Address: PO Box 333, Panaca, NV 89042

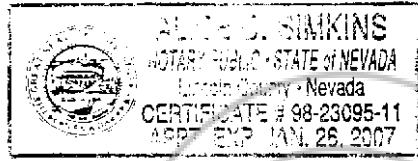
Daytime Phone Number: 775-728-4682

State: Nevada

County: Lincoln

ALSO, PLEASE PROVIDE US WITH A COPY OF THE IDENTIFICATION USED TO NOTARIZE THE DOCUMENTS, AND A COPY OF YOUR NOTARY LOG PAGE WHERE YOU NOTARIZED THE DOCUMENTS. Known for 20 years

PLEASE PROVIDE IN THE SPACE BELOW YOUR NOTARY STAMP:



In the event **First American Title Company of Nevada**, a(n) **NV** Corporation comes across a problem with the Notary section I, Alice C. Simkins (notary public) authorizes **First American Title Company of Nevada**, a(n) **NV** Corporation to make changes to the notary section only.

Alice C. Simkins
Notary Public signature

Reproduced by First American Title Insurance 1/2001

STATE OF NEVADA

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

2002 0004778

Altered

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

CAUSE OF DEATH

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| LOCAL FILE NUMBER | | DECEASED—NAME First Middle Last | | DATE OF DEATH (Month, Day, Year) | | STATE FILE NUMBER | |
| 1. Linda ISOM | | 2. March 3, 2002 | | 3a. Lincoln | | | |
| CITY, TOWN OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) | | If Hosp. or inst. indicate OCA, OP/Emer. Rm. Inpatient (Specify) | | SEX | |
| 3b. Caliente | | 3c. Grover C. Dils Medical Center | | 3e. Emergency Room 2 | | 4. Female | |
| 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. 53 | | 8. April 25, 1948 | |
| STATE OF BIRTH (If not U.S.A., name country) | | CITIZEN OF WHAT COUNTRY | | Decedent's Education. Specify highest grade completed. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | |
| 9a. Utah | | 9b. U.S.A. | | 10. 12 | | 11. Married | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) | | KIND OF BUSINESS OR INDUSTRY | | SURVIVING SPOUSE (If wife, give maiden name) | |
| 13. [REDACTED] | | 14a. Accounting Specialist | | 14b. Nevada State Parks | | 12. Barry Isom | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 15a. Nevada | | 15b. Lincoln | | 15c. Panaca | | 15d. 220 Blad Street | |
| INSIDE CITY LIMITS (Specify Yes or No) | | | | | | 15e. Yes | |
| FATHER—NAME First Middle Last | | MOTHER—MAIDEN NAME First Middle Last | | | | | |
| 16. Clarence Hansen | | 17. Joan Forsyth | | | | | |
| INFORMANT—NAME (Type or Print) | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) | | | | | |
| 18a. Barry Isom | | 18b. P.O. Box 428 Panaca, Nevada 89042 | | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) | | CEMETERY OR CREMATORY—NAME | | LOCATION City or Town State | | | |
| 19a. Burial | | 19b. Panaca Cemetery | | 19c. Panaca 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 | | 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) | | DATE SIGNED (Mo., Day, Yr.) | | HOUR OF DEATH | | 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) | |
| 21b. [Signature] | | 21c. [Signature] | | 21d. [Signature] | | 22b. 04-17-02 | |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | PRONOUNCED DEAD (Mo., Day, Yr.) | | PRONOUNCED DEAD (Hour) | | 22c. 2233 | |
| 21d. [Signature] | | 22d. ON 03-03-02 | | 22e. AT 2233 | | | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) | | LICENSE NUMBER | | | | | |
| 23a. William J. Garza; P.O. Box 570 Pioche, Nevada 89043 | | 23b. [Signature] | | | | | |
| REGISTRAR | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) | | DEATH DUE TO COMMUNICABLE DISEASE | | | |
| 24a. [Signature] | | 24b. 04-17-02 | | 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) | | | | | | Interval between onset and death | |
| PART I (a) Pending Toxicology | | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset and death | |
| (b) | | | | | | Interval between onset and death | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | Interval between onset and death | |
| (c) | | | | | | 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) | | | |
| Myocardial Fibrosis of unknown etiology | | 26. Yes | | 27. Yes | | | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) | | DATE OF INJURY (Mo., Day, Yr.) | | HOUR OF INJURY | | DESCRIBE HOW INJURY OCCURRED | |
| 28a. | | 28b. | | 28c. | | 28d. | |
| INJURY AT WORK (Specify Yes or No) | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | | LOCATION. | | STREET OR R.F.D. No. CITY OR TOWN STATE | |
| 28e. | | 28f. | | 28g. | | | |

Information corrected, State Affidavit #39495, 8/27/02. Item #25a. Dilated Cardiomyopathy

No. 177140

STATE REGISTRAR

Gyovonne Sylva

This is to certify that the above is a true and correct copy of the certificate on file in this office.

AUG 27 2002

Date Issued:

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

217 499