

126973

1 When Recorded, Mail To:
2 Patsy Ferguson
3 747 West 800 South
4 Payson, Utah 84651

5 APN: 004-151-15

FILED
AT THE RECORDEE'S OFFICE

Secretarial Service

2006 AUG 10 AM 10 34

LI. OF COUNTY: R
P. 150042500 au
LOCAL BOOK

8 AFFIDAVIT TERMINATING JOINT TENANCY

9 State of Nevada)

10 County of Lincoln)

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

13
14 That affiant, Patsy Ferguson is the person named as one of the owners in that Quitclaim Deed
15 recorded July 11, 1995 as Document No. 103718, in Book 114 Page 449, of Official Records, in
16 the office of the County Recorder of Lincoln, State of Nevada.

17
18 That Ronald A. Ferguson was one of the owners named in said Quitclaim Deed and was the
19 identical person named as Ronald Andrew Ferguson the decedent in that certain Death
20 Certificate, certified copy of which is annexed hereto and made a part hereof.

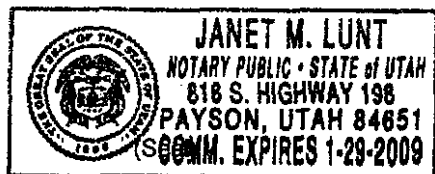
21
22 DATED: July 17, 2006

23
24 Patsy Ferguson
25 Patsy Ferguson

26 Subscribed and Sworn to before me

27 this 17 day of July, 2006.

28 Janet M. Lunt
Notary Public in and for said County and State



STATE OF UTAH — DEPARTMENT OF HEALTH

STATE OF UTAH - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Access to information on this form is limited under the Vital Statistics Act and Rules

LOCAL FILE NUMBER 25-0924

STATE FILE NUMBER

1. NAME OF DECEDENT Ronald Andrew Ferguson			2. SEX Male		3a. DATE OF DEATH (Mo. Day, Yr.) August 10, 1999		3b. TIME OF DEATH (24hr. clock) 19:30	
4. DATE OF BIRTH (Mo. Day, Yr.) January 17, 1932		5. AGE (Last Birthday) 67		6. BIRTHPLACE (City & State or Foreign Country) Blackfoot, Idaho		7. SOCIAL SECURITY NUMBER		
8a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 7. Other OTHER: _____				8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 747 West 800 South				
8c. CITY, TOWN OR LOCATION OF DEATH Payson				8d. COUNTY OF DEATH Utah		9. SURVIVING SPOUSE (If wife, give maiden name) Patsy Rosina Ciciliano		
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No			11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) teamster		
12b. KIND OF BUSINESS OR INDUSTRY transportation			13a. RESIDENCE - STREET AND NUMBER P.O. Box 261			13b. CITY, TOWN OR COMMUNITY Alamo		13c. COUNTY Lincoln
13d. STATE Nevada			13e. ZIP CODE 89001		14. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (Type may be entered), Japanese, etc. (Specify) White	
15. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 10			17. FATHER'S NAME (First, Middle, Last) Elwood Eli Ferguson			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Lucille Beardall		
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Patsy Ferguson (Wife) P.O. Box 261 Alamo, Nevada 89001								
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input checked="" type="checkbox"/> 6. Removal			21a. DATE OF DISPOSITION August 14, 1999		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Springville City		21c. LOCATION - City or Town, State Springville, Utah	
22. SIGNATURE OF FEDERAL SERVICE LICENSEE <i>Michael A. DeWitt</i>			23. LICENSEE NUMBER 22-112739-0902		24. FUNERAL HOME (Name, address and license number) Walker Mortuary (81-101155-0901)			
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 8-4-99			26. If not certified by medical examiner, was death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No If yes, enter the date and hour reported: M.E. Case No. _____ HOUR MO. DAY YEAR			26. 587 South 100 West Payson, Utah 84651		
27a. CERTIFIER <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.								
27b. SIGNATURE AND TITLE OF CERTIFIER <i>Brian P. Tudor, MD</i>						27c. LICENSE NUMBER 06581		27d. DATE SIGNED (Mo., Day, Yr.) 8-13-99
28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print) <i>Brian P. Tudor, MD 105 N. S. 300 P.O. Box 10760</i>								
29. REGISTRAR'S SIGNATURE <i>Joseph K. Miner, MD</i>						30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		30b. DATE FILED (Mo., Day, Yr.) AUG 13 1999
31. PART I. ENTER THE DISEASES, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death): Lung Cancer DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death): LAST			32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 5. NON-USER <input checked="" type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 7. 1. Yes <input checked="" type="checkbox"/> 2. No <input type="checkbox"/> 4. Is unknown in relation to the cause of death.			33a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No
34. MANNER OF DEATH: <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation (If injured: Purposely or Accidentally)			35a. DATE OF INJURY (Mo., Day, Yr.)		35b. TIME OF INJURY (24 Hour Clock)		35c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			35e. LOCATION (Street or rural route number, city or town, county and state.)			35f. If motor vehicle accident specify if decedent was driver, passenger or pedestrian.		
35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)								

USE PERMANENT BLACK INK

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **AUG 13 1999**

County: **Utah**

Registrar: **Joseph K. Miner, MD**

Barry E Nangle
Barry E. Nangle
DIRECTOR OF VITAL RECORDS

By
BOOK 220 PAGE 207
Barbara K. ... DEPUTY

