





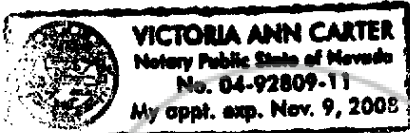
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in **WILLIAM R. REVELL**, as his sole and separate property.

DATED this the 12<sup>th</sup> day of August, 2008.

*William R. Revell*  
WILLIAM R. REVELL

SUBSCRIBED AND SWORN to before me on this \_\_\_ day of August 2008 by **William R. Revell**.

*Victoria Ann Carter*  
Notary Public



(Seal)

My Commission Expires:

Nov. 9, 2008

2008000834  
 STATE FILE NUMBER

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF HEALTH  
 VITAL STATISTICS  
 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lorena Mae <b>REVELL</b>		2. DATE OF DEATH (Mo/Day/Year) January 06, 2008		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 31, 1924		9a. STATE OF BIRTH (if not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) William R REVELL	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Dental Assistant		14b. KIND OF BUSINESS OR INDUSTRY Oral Surgery	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 60 Meadowlark Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Oscar MATTHEWS	
16. FATHER - NAME (First Middle Last Suffix) Oscar MATTHEWS		17. MOTHER - NAME (First Middle Last Suffix) Rose MILLER		18a. INFORMANT - NAME (Type or Print) William R REVELL	
18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 833 Caliente, Nevada 89008		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Removal		19b. CEMETERY OR CREMATORY - NAME Southern Utah Cremator	
19c. LOCATION City or Town State Cedar City Utah		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Address as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807	
20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 738 1st Street Caliente NV 89008		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>RICHARD WILLIAM KATSCHKE JR. M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) January 11, 2008	
21c. HOUR OF DEATH 20:00		22a. On the basis of observation and investigation, in my opinion death occurred at the time, date and place and cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (Physician, Attending Physician, Nurse Examiner, or Coroner) (Type or Print) Richard William Katschke Jr. M.D. Caliente, NV 89008	
23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2008	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE PART I (a) Respiratory Failure (b) DUE TO, OR AS A CONSEQUENCE OF, Cardiopulmonary Disease (c) DUE TO, OR AS A CONSEQUENCE OF, Hypertension (d) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Days Interval between onset and death Years Interval between onset and death Years Interval between onset and death Years	
25. IMMEDIATE CAUSE PART II		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

189281 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: 01/24/2008

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

PRNCO (Rev) 11/06

*[Signature]*  
 SIGNATURE AUTHENTICATED  
 STATE REGISTRAR

