



0136471

After recording. Return to--

Bruce Findlay
Kirtton and McConkie
60 East South Temple, Suite 1800
Salt Lake City UT 84145-0120

Property No. 519-5268

Affidavit of Termination of Life Estate.

State of Utah)
 : ss.
County of Salt Lake)

Bruce Findlay being first duly sworn deposes and says:

Affiant is an attorney in the state of Utah and a representative of Corporation of the Presiding Bishop of The Church of Jesus Christ of Latter-day Saints, a Utah corporation sole.

On or about the 3 day of May, 2006, Franklin Duane Davis and Marjorie Davis, husband and wife ("Davises"), and Corporation of the Presiding Bishop of The Church of Jesus Christ of Latter-day Saints, a Utah corporation sole ("CPB") made and executed an agreement (the "Life Estate Agreement"), under which Davises conveyed the land described on the annexed **Exhibit A** to CPB subject to a life estate in favor of Franklin Duane Davis (but not Marjorie Davis). Davises conveyed the subject property to CPB by a deed recorded in the official records of Lincoln County, Nevada, on the 7th day of July, 2010, as instrument no. 0136097, book 246, page 656.

On or about July 6, 2010, Franklin Duane Davis died at Hiko Nevada, as shown by the copy of death certificate annexed hereto as **Exhibit B**.

Now therefore the undersigned gives notice of the death of Franklin Duane Davis in order to note for the record that his death terminated the life estate reserved by him in the said deed of conveyance

[signature and notary on next page]



Bruce Findlay

Bruce Findlay

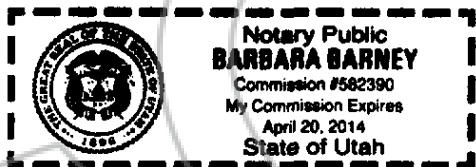
Dated this 15 day of September, 2010

State of Utah)
 : ss.
County of Salt Lake)

On September 15, 2010, before me personally appeared Bruce Findlay, who subscribed and swore on oath to the truthfulness of the foregoing affidavit and who acknowledged to me that he executed the same.

WITNESS my hand and official seal.

Barbara Barney
Notary Public



**EXHIBIT A****Description of Life Estate Property**

Real Property situated in the County of Lincoln, State of Nevada:

Beginning at the NE corner of the SW $\frac{1}{4}$ of the NE $\frac{1}{4}$ of Section 10; thence S. 657.47 feet; thence West 440.00 feet; thence N. $00^{\circ}09'$ West 655.31 feet; thence North $89^{\circ}47'$ East 13.71 feet; thence North 233.00 feet; thence on a nontangent curve to the right along the S boundary of State Highway 25 (SR375), having a curve length of 354.14 feet, a radius of 2450.00 feet and a central angle of $8^{\circ}17'$; thence South $70^{\circ}59'$ East, 89.75 feet; thence South 115.72 feet to the point of beginning.

TOGETHER with appropriated water rights as evidenced by Permit number 28642 (Certificate #9636), and Permit number 35256 (Certificate #12847) filed with the Division of Water Resources, State of Nevada.



0136471

Book 258
Page 403

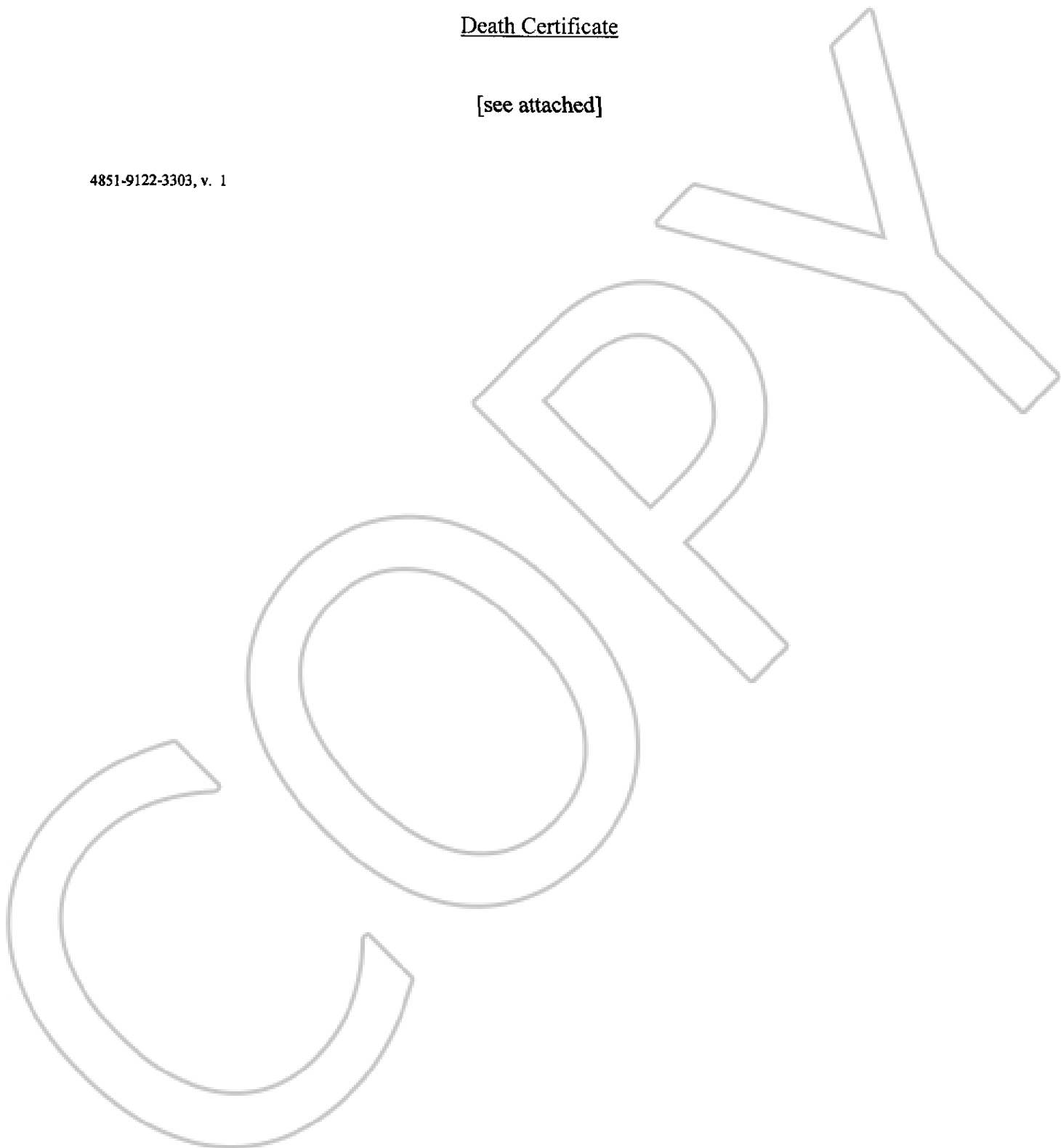
09/22/2010
Page 4 of 5

EXHIBIT B

Death Certificate

[see attached]

4851-9122-3303, v. 1





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF VITAL RECORDS



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

2010011423
 STATE FILE NUMBER

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) Franklin Duane DAVIS		2. DATE OF DEATH (Mo/Day/Year) July 06, 2010		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Hiko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 100 Crystal Springs		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1935		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Marjorie DODGE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Water Pumps	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Hiko	
15d. STREET AND NUMBER 100 Crystal Springs		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
10. FATHER - NAME (First Middle Last Suffix) Evan DAVIS			17. MOTHER - NAME (First Middle Last Suffix) LeBlanche FERGUSON		
18a. INFORMANT- NAME (Type or Print) Marjorie DAVIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 100 Crystal Springs Hiko, Nevada 89017			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN ROGERS MD SIGNATURE AUTHENTICATED		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) stated. (Signature & Title) JOHN ROGERS MD SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) July 07, 2010		21c. HOUR OF DEATH 10:51		22b. DATE SIGNED (Mo/Day/Yr) July 07, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Physician JOHN ROGERS MD PO BOX 1010 Caliente, NV 89008		22c. HOUR OF DEATH 10:51		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 06, 2010	
22e. PRONOUNCED DEAD AT (Hour) 10:51		23b. LICENSE NUMBER 1770589186			
24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 04, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I		Interval between onset and death			
(a) Metastatic Transitional Cell Bladder Cancer		1-2 Years			
(b) Metastatic Transitional Cell Bladder Cancer		Interval between onset and death			
(c) Unknown		Interval between onset and death			
(d) Unknown		Interval between onset and death			
PART II Coronary Artery Disease, Chronic Obstructive Pulmonary Disease		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

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: **08/18/2010**

[Signature]
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

