



After recording please return to:)
Name: Audrey Ellsworth)
Address: P.O. Box 197)
City, State, Zip: Panaca, NV 89042)
Phone: 775-728-4264)
Assessor's Parcel Number 002-162-10)

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AFFIDAVIT TERMINATING JOINT TENANCY
Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada)
)ss
COUNTY OF Lincoln)

Audrey Ellsworth, being first duly sworn, deposes and states:

- I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
- I am Audrey Ellsworth, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on September 21, 1999, as Document No. 113382, in Book B, Page 246, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 1389 HANSEN ST., described as follows:

Parcel B of parcel map for Gene & Audrey Ellsworth recorded September 21, 1999 in Plat Book B, Page 246 as File No. 113382 in the Office of the County Recorder of Lincoln County, Nevada.



4. Gene Ellsworth ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
5. The decedent was my husband.
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 in me, Audrey Ellsworth, as sole owner.

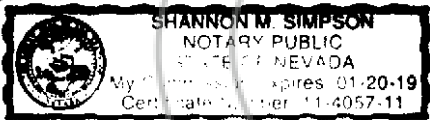
DATED this 18th day of February, 201~~4~~^{5 SMS}.

State of Nevada
County of Lincoln

Gene Ellsworth
Affiant

SUBSCRIBED AND SWORN to before me on
this 18th day of February, 201~~4~~^{5 SMS} by *
* Audrey Ellsworth *

Shannon M Simpson
Notary Public



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

TYPE OR PRINT IN PERMANENT BLACK INK
DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last 1. Robert Gene ELLSWORTH			DATE OF DEATH (Month, Day, Year) 2. December 11, 2001		COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dils Medical Center		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Emergency Room	SEX 4. Male
FACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 74	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
STATE OF BIRTH (If not U.S.A., name country) 9a. Idaho		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	DATE OF BIRTH (Mo., Day, Yr.) February 4, 1927
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electrician		KIND OF BUSINESS OR INDUSTRY 14b. Construction	
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Panaca		STREET AND NUMBER 15d. 640 E. Hansen St.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Ellsworth			MOTHER—MAIDEN NAME First Middle Last 17. Hattie Gene Horton		
INFORMANT—NAME (Type or Print) 18a. Audrey D. Ellsworth			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 197 Panaca, Nevada 89042		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Panaca Cemetery		LOCATION City or Town State 19c. Panaca, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a.		FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. 730 Front Street Caliente, Nevada 89008		
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)			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)		
DATE SIGNED (Mo., Day, Yr.) 21b. 12-12-01		HOUR OF DEATH 21c. 1713		DATE SIGNED (Mo., Day, Yr.) 22b.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Shailendra Singh M.D.; P.O. Box 1010 Caliente, Nevada 89008					LICENSE NUMBER 23b. 9978
REGISTRAR 24a. (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 12-12-01		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : Immediate		
(b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death : Years		
(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) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.		
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE

No177124

STATE REGISTRAR

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

Date Issued: **DEC 27 2001**

State Registrar