

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA,)
) SS.
COUNTY OF L. D. AVILA

C. B. LIVERS, being first duly sworn, deposes and says:

That Affiant was the husband of BLANCHE W. LIVERS, one of the Grantees in that certain Deed dated July 30, 1960, wherein ANDREW L. KELSO was Grantor, and C. B. LIVERS and BLANCHE W. LIVERS, his wife, as joint tenants with right of survivorship and not as tenants in common, were Grantees, conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, that are described as follows:

Township 31 North, Range 49 East, M.D.B.&M.
Section 27: SW $\frac{1}{4}$ NE $\frac{1}{4}$

That said Deed was recorded on August 5, 1960, in Book 25, Official Records, page 440, Eureka County Recorder's Office.

That the said BLANCHE W. LIVERS, one of the Grantees named in the aforesaid Deed, died in Panorama City, County of Los Angeles, State of California, on April 13, 1976, and is the identical person named as BLANCHE LIVERS in that Certificate of Death, duly certified, marked Exhibit A and attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

C.B. Livers
C. B. LIVERS

Subscribed and sworn to before me
this ___ day of June, 1977.

[Signature]
NOTARY PUBLIC

WILSON, WILSON AND BARROWS, LTD
Attorneys at Law
P.O. Box 323
Elio, Nevada 89501



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CERTIFICATE OF DEATH

0190-016551

STATE FILE NUMBER		STATE OF CALIFORNIA DEPARTMENT OF HEALTH OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER				
DECEDENT PERSONAL DATA	1a. NAME OF DECEASED—FIRST NAME	1b. MIDDLE NAME		1c. LAST NAME		2a. DATE OF DEATH—MONTH DAY YEAR		2b. HOUR	
	BLANCHE				LIVERS		APRIL 13 1976		2:05 A.M.
	3. SEX	4. COLOR OR RACE	5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	6. DATE OF BIRTH		7. AGE (YEARS)		IF UNDER 1 YEAR DAY MONTH YEAR	IF UNDER 28 HOURS HOUR MINUTE SECOND
	Female	Caucasian	Washington	April 3, 1907		69		YEARS	
PLACE OF DEATH	8. NAME AND BIRTHPLACE OF FATHER			9. MOTHER NAME AND BIRTHPLACE OF MOTHER					
	C. H. Maust - Pennsylvania			Winifred Hardacre - Unknown					
	10. CITIZEN OF WHAT COUNTRY		11. SOCIAL SECURITY NUMBER		12. MARRIED NEVER MARRIED DIVORCED (SPECIFY WHICH)		13. NAME OF SURVIVING SPOUSE (IF WIFE ENTER MARRIED NAME)		
USA		Unknown		Married		Carlos B. Livers			
14. LAST OCCUPATION		15. NUMBER OF YEARS IN THIS OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED INDICATE)		17. KIND OF INDUSTRY OR BUSINESS			
Housewife		47		Own Home		Homemaking			
USUAL RESIDENCE AT DEATH OCCURRED IN (INSTITUTION, ENTER RESIDENCE BEFORE ADMISSION)	18a. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER PATIENT FACILITY			18b. STREET ADDRESS—STREET AND NUMBER OR LOCATION			18c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		
	Kaiser Foundation Hospital			13652 Cantara			Yes		
	18d. CITY OR TOWN			18e. COUNTY			18f. LENGTH OF STAY IN COUNTY OR STATE		
Panorama City			Los Angeles			32 YEARS			
19a. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)			19b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)			20. NAME AND MAILING ADDRESS OF INFORMANT			
3742 Mound View Avenue			yes			Carlos B. Livers			
19c. CITY OR TOWN			19d. COUNTY			19e. STATE			
Studio City			Los Angeles			California			
PHYSICIAN'S OR CORONER'S CERTIFICATION	21a. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I HAVE CALLED ON THE REGULAR DELEGATE AS REQUIRED BY LAW		21b. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE HOUR DATE AND PLACE STATED ABOVE UNTIL THE HOUR DATE AND PLACE STATED ABOVE		21c. PHYSICIAN OR CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR DATE AND PLACE STATED ABOVE FROM THE CAUSE STATED BELOW AND THAT I ATTENDED THE DECEASED FROM THE HOUR DATE AND PLACE STATED ABOVE UNTIL THE HOUR DATE AND PLACE STATED ABOVE		21d. DATE SIGNED		
	4-12-76		4-13-76		4-13-76		4-13-76		
	Westwood Village Mortuary		No		Kaiser P.C.		6-29784		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	22a. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22b. DATE		23. NAME OF CEMETERY OR CREMATORY		24. EMBALMER—SIGNATURE (IF BODY EMBALMED) LICENSE NUMBER		
	Cremation		4-14-76		Rosedale		Not Embalmed		
	25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY EXEMPTED INDIVIDUAL REGISTERED TO CONDUCT FUNERALS (SPECIFY YES OR NO)		27. LOCAL REGISTRAR—SIGNATURE		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR		
Westwood Village Mortuary		No		John D. Withers		APR 14 1976			
CAUSE OF DEATH	29. PART I. DEATH WAS CAUSED BY: (A) IMMEDIATE CAUSE (B) DUE TO OR AS A CONSEQUENCE OF (C) DUE TO OR AS A CONSEQUENCE OF			ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Cardio-respiratory arrest						MINUTES		
	Liver metastasis						WEEKS		
Metastatic breast carcinoma						MONTHS			
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONSTITUTING TO DEATH BUT NOT LISTED IN THE MOST SIGNIFICANT CAUSE IN PART I.			31. ALL OPERATIONS OR PROCEDURES PERFORMED FOR THE DECEASED (SPECIFY YES OR NO)			32a. AUTOPSY (SPECIFY YES OR NO)			
			No			No			
INJURY INFORMATION	33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (SPECIFY HOME OR FACTORY OFFICE SCHOOL OR OTHER)		35. INJURY AT WORK (SPECIFY YES OR NO)		36a. DATE OF INJURY—MONTH DAY YEAR		
							36b. HOUR		
	37a. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b. NATURE / IN PLACE OF INJURY (SPECIFY YES OR NO)		38. BY THE SUPERVISORY TESTS WERE DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. NAME LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		
5									
40. DESCRIBE HOW INJURY OCCURRED (NATURE AND CIRCUMSTANCES OF EVENTS WHICH RESULTED IN INJURY NATURE OF INJURY SHOULD BE LISTED IN PART I)									
STATE REGISTRAR		A		B		C			
						D			
						E			
						F			
						11-100			

RECORDED AT THE REQUEST OF
Frontier Title Company
 on July 1, 1977
 at 08 mins. past 11 A.M.
 In Book 60 of OFFICIAL
 RECORDS, page 78-79, RECORDS
 OF EUREKA COUNTY, NEVADA
 WILL A. DePAOLI
 Recorder
 File No. 63194 Fee \$ 4.00

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES IF IT BEARS THIS SEAL IN PURPLE INK.

APR 27 1977 FEE \$3.00

John A. Withers, Director of Health Services and Registrar

63194

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