

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
 : SS.
County of Eureka.)

NORMAN JAMES MORRISON, being first duly sworn, deposes and says:

That Affiant was the brother of HELEN M. ROBERTS, one of the Grantees in that certain Deed, dated June 02, 1968, wherein MAYME MORRISON, a widow, was GRANTOR, and HELEN M. ROBERTS and NORMAN JAMES MORRISON, were GRANTEES, as joint tenants with right of survivorship, and not as tenants in common, conveying those certain lots, pieces, or parcels of land situate in the Town of Eureka, County of Eureka, State of Nevada, and more particularly described as follows:

E½ Lot 5, W½ Lot 7, All of Lots 6, 8, and 9,
in Block 13;

as described in said Deed recorded February 7, 1975, in Book 51, Official Records, Page 014, File No. 59751, Eureka County Recorder's Office, Eureka, Nevada.

That the said HELEN M. ROBERTS one of the Grantees named in the aforesaid Deed, died in Salt Lake City, Utah on November 9, 1977, and is the identical person named as HELEN M. ROBERTS in that certain Certified Copy of the Certificate of Death marked as Exhibit "A" and attached hereto; that said Certified Copy of the Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

Norman James Morrison
NORMAN JAMES MORRISON

Subscribed and sworn to before me,
this 29th day of November, 1977.

Danette Hammond

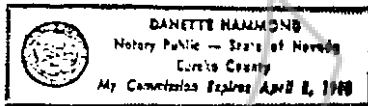


EXHIBIT 74

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **19-3840** STATE FILE NUMBER

1. NAME OF DECEASED - FIRST MIDDLE LAST Helen Marjorie Morrison ROBERTS		2. DATE OF DEATH - MONTH DAY YEAR (DO NOT USE A.P.M.) November 9, 1977		3. TIME OF DEATH - MONTH DAY YEAR (DO NOT USE A.P.M.) 0130	
4. SEX Female	5. RACE White	6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Nevada	7. DATE OF BIRTH (MONTH DAY YEAR) November 26, 1926	8. AGE (YEARS) 50	9. MARRIAGE STATUS Married
10. CITIZENSHIP OF WHAT COUNTRY U.S.A.		11. SOCIAL SECURITY NUMBER [REDACTED]		12. NAME OF SURVIVING SPOUSE (IF WIFE ENTER HUSBAND'S NAME) Monroe V. Roberts	
13. USUAL OCCUPATION (SPECKIFY KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		14. KIND OF BUSINESS OR INDUSTRY Own Home		15. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY IN US) COLLEGE (S) IN US 12	
16. NAME OF FATHER James Morrison			17. MAIDEN NAME OF MOTHER Mamie Rogantini		
18. USUAL RESIDENCE - STREET ADDRESS (RURAL AND NUMBER OF HOUSES) Duckwater		19. USUAL CITY (CORPORATE LIMITS) (TOWN OR VILLAGE) Yes		20. NAME & MAILING ADDRESS OF INFORMANT Mr. Monroe V. Roberts Duckwater, Nevada 89314	
21. CITY OR TOWN Duckwater		22. COUNTY Nye		23. STATE Nevada	
24. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (IF ANY) St. Marks Hospital			25. CITY OR TOWN Salt Lake City-Rural		26. COUNTY Salt Lake
27. MEDICAL EXAMINER (I certify that death occurred at the time and place stated above from the cause and before found on examination of the body and the investigation of the circumstances) [Signature]			28. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE [Signature]		29. DATE SIGNED 11/11/77
30. PHYSICIAN (I certify that death occurred at the time and place stated above from the cause stated below and that I attended the deceased until the moment above on 11/9/77)			31. CERTIFIER'S NAME AND TITLE (Type or Print) Hugh D. Voorhees, M.D.		32. PHYSICIAN'S UTAH LICENSE NO. 4838
33. IF NOT CERTIFIED BY MEDICAL EXAMINER WAS DEATH REPORTED TO HIM? (Yes or No) No			34. CERTIFIER'S ADDRESS 1345 E. 3900 South Salt Lake City, Utah		
35. BY WHOM REMOVED (Name and Title) Removal		36. DATE Nov. 9, 1977		37. SIGNATURE OF FUNERAL DIRECTOR [Signature]	
38. NAME AND LOCATION OF CEMETERY OR CREMATORY Masonic Cemetery - Eureka, Nevada			39. LOCAL REGISTRAR SIGNATURE [Signature]		40. DATE SIGNED (If 1977) Nov. 11, 1977
41. PART I - DEATH WAS CAUSED BY (IMMEDIATE CAUSE) pulmonary failure					
42. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (STATE THE UNDERLYING CAUSE LAST) Septic shock - unknown					
43. PART II - OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I					
44. ACCIDENT NUMBER (Assigned by Department of Transportation)		45. DATE OF INJURY (Month Day Year) Nov 9 1977		46. TIME OF INJURY (24 HOUR CLOCK) MLA	
47. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) MLA		48. DISTANCE FROM HOME AT TIME OF INJURY (MILES) MLA		49. PLACE OF INJURY (Home, Farm, Factory, Warehouse, School, Public Building, etc.) No	
50. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY BY NATURE OF INJURY SHOULD BE ENTERED IN ITEM 48)					51. IF OTHER OFFICE IS LOCATED NEARBY, TO WHOM THE DEATH SHOULD BE REPORTED

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THIS RECORD AS IT READS IN THIS OFFICE

By **[Signature]**
 Registrar - City - County Vital Statistics
[Signature]
 Chief Deputy Registrar Vital Statistics
 NOV 11 1977 Affixed

RECORDED AT THE REQUEST OF **Joan Shangle**
 on **November 30, 1977** at **40** mins. past **9 A.M.**
 Book **62** of OFFICIAL RECORDS, page **132-133**, RECORDS OF
 EUREKA COUNTY, NEVADA. WILLIS A. DePAOLI Recorder
 File No. **64282** Fee \$ **4.00**

64282