

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }  
COUNTY OF ~~CLARK~~ } ss.  
EUREKA

EULA F. HUGHES, being first duly sworn, deposes and says that affiant is over the age of 84 years and competent to be a witness as to the matters hereinafter stated.

That affiant is EULA F. HUGHES the person named as EULA F. HUGHES, one of the grantees in that certain deed recorded AUGUST 27, 1964, as Document No. 40191 in Book 5, Page 406, of OFFICIAL RECORDS in the office of the County Recorder of EUREKA County, State of Nevada.

That JOHN A. HUGHES was one of the grantees named in said deed and was the identical person named as JOHNA HUGHES, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

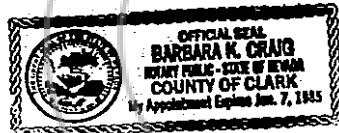
Eula F. Hughes  
Eula F. Hughes

STATE OF NEVADA

COUNTY OF CLARK

Subscribed and sworn to before me this 29<sup>th</sup> day of May, 1981

Barbara K. Craig  
Notary Public in and for said County and State



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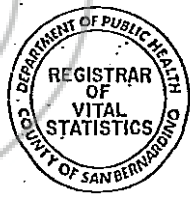
STATE TEE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEASED—FIRST NAME <b>JOHN</b>		1B. MIDDLE NAME <b>A.</b>		1C. LAST NAME <b>HUGHES</b>	
2A. DATE OF DEATH—MONTH, DAY, YEAR <b>October 3, 1976</b>		2B. HOUR <b>12:55 A.M.</b>		7. AGE (LAST BIRTHDAY) <b>94 YEARS</b>	
3. SEX <b>Male</b>		4. COLOR OR RACE <b>Caucasian</b>		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>	
6. NAME AND BIRTHPLACE OF FATHER <b>John H. Hughes, Tennessee</b>		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Rachel I. Pulley, Georgia</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	
10. CITIZEN OF WHAT COUNTRY <b>USA</b>		11. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) <b>Eula Bailey</b>	
14. LAST OCCUPATION <b>Pharmacist</b>		15. YEARS OF YEARS IN THIS OCCUPATION <b>63</b>		16. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED, SO STATE) <b>Cole's pharmacy</b>	
17. KIND OF INDUSTRY OR BUSINESS <b>Pharmacy</b>		18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY <b>Desert Knolls Convalescent Hospital</b>		18B. STREET ADDRESS—(STREET AND NUMBER, OR LOCATION) <b>14973 Hesperia Rd.</b>	
18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>		18D. CITY OR TOWN <b>Victorville</b>		18E. COUNTY <b>San Bernardino</b>	
18F. LENGTH OF STAY IN COUNTY OF DEATH <b>2 YEARS</b>		18G. LENGTH OF STAY IN CALIFORNIA <b>2 YEARS</b>		19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <b>11391 Bartlett Ave</b>	
19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) <b>Yes</b>		19C. CITY OR TOWN <b>Adelanto</b>		19D. COUNTY <b>San Bernardino</b>	
19E. STATE <b>California</b>		20. NAME AND MAILING ADDRESS OF INFORMANT <b>Eula Hughes P.O. Box 949 Adelanto, Ca. 92301</b>		21A. CORONER: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <b>9-6-76</b>	
21B. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <b>10/3/76 10/3/76</b>		21C. PHYSICIAN OR OTHER PERSON WHO EXAMINED THE BODY <b>Ramon C. So, M.D.</b>		21D. DATE SIGNED <b>10/4/76</b>	
21E. ADDRESS <b>18327 Hwy. 18 Apple Valley, California</b>		21F. PHYSICIAN'S CALIFORNIA LICENSE NUMBER <b>#A-23683</b>		22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>	
22B. DATE <b>10/6/76</b>		23. NAME OF CEMETERY OR CREMATORY <b>Victor Valley Mem. Park</b>		24. EMBALMER—SIGNATURE AND LICENSE NUMBER <b>Rick Howland #6034</b>	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Kern Mem. Chapel</b>		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO CORONER? <b>No</b>		27. LOCAL REGISTRAR SIGNATURE <b>L. E. Mahoney, MD</b>	
28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR <b>10-5-76</b>		29. PART I: DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C. (A) IMMEDIATE CAUSE <b>Subarachnoidal hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
30. PART II: OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. <b>OSHD, Cerebral Heart failure</b>		31. HAS OPERATION OR SURGERY PERFORMED FOR ANY CONDITION IN THIS OR ANY PREVIOUS YEAR? <b>No</b>		32. AUTOPSY (SPECIFY YES OR NO) <b>No</b>	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (STATE, COUNTY, CITY, TOWN, VILLAGE, OFFICE, BUILDING, ETC.)		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. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE, IN MILES		38. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS (SPECIFY YES OR NO)		39. WERE LABORATORY TESTS DONE FOR ALCOHOL (SPECIFY YES OR NO)	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)					
STATE REGISTRAR					

This must be in red to be a "CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

RECORDED AT REQUEST OF  
**Eula F. Hughes**  
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JUN 1 11:17

**Louis E. Mahoney, M.D., M.P.H.**  
DIRECTOR OF PUBLIC HEALTH



OFFICIAL RECORDS  
EUREKA COUNTY, CALIFORNIA  
WILLIS A. DEPAOLI-RECORDER  
FILE NO. **80455**  
FILE # **400**

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