

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 JUNE 3, 1966, as Document No. 42113 in Book 10, Page 582-583, of OFFICIAL RECORDS in the office of the County Recorder of EUREKA County, State of Nevada.

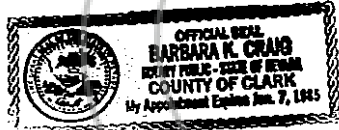
That JOHN A. HUGHES was one of the grantees named in said deed and was the identical person named as JOHN A. HUGHES, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

STATE OF NEVADA  
COUNTY OF CLARK

Eula F. Hughes  
Eula F. Hughes

Subscribed and sworn to before me this 29th day of May, 1981

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



STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEASED—FIRST NAME		1C. LAST NAME	
JOHN		HUGHES	
3. SEX		6. DATE OF BIRTH	
Male		Feb. 14, 1882	
4. COLOR OR RACE		7. AGE (STATE WHETHER)	
Caucasian		90 YEARS	
5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		2A. DATE OF DEATH—MONTH, DAY, YEAR	
Arkansas		October 3, 1976	
8. NAME AND BIRTHPLACE OF FATHER		2B. HOUR	
John H. Hughes, Tennessee		12:55 A.M.	
10. CITIZEN OF WHAT COUNTRY		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
USA		Married	
14. LAST OCCUPATION		13. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME)	
Pharmacist		Eula Bailey	
15. NUMBER OF YEARS IN THE OCCUPATION		17. KIND OF INDUSTRY OR BUSINESS	
63		Pharmacy	
16. NAME OF LAST EMPLOYING COMPANY OR FIRM		18A. PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY	
Cole's Pharmacy		Desert Knolls Convalescent Hospital	
18B. STREET ADDRESS (STREET AND NUMBER, OR LOCATION)		18C. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
14973 Hesperia Rd.		Yes	
18E. COUNTY		18F. LENGTH OF STAY IN COUNTY OF DEATH (SPECIFY YEARS)	
San Bernardino		2	
18G. LENGTH OF STAY IN CALIFORNIA (SPECIFY YEARS)		20. NAME AND MAILING ADDRESS OF INFORMANT	
2		Eula Hughes P.O. Box 949 Adelanto, Ca. 92301	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19B. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)	
11391 Bartlett Ave		Yes	
19C. CITY OR TOWN		19E. STATE	
Adelanto		California	
19D. COUNTY		21. PHYSICIAN OR CORONER (NAME, ADDRESS AND PHONE NUMBER)	
San Bernardino		Ramon C. So, M.D. 18327 Hwy 18 Apple Valley, California	
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 BELIEVED ON THE BEHALF OF DECEASED AS PROVIDED BY LAW		21C. PHYSICIAN OR CORONER (NAME, ADDRESS AND PHONE NUMBER)	
9-6-76		L.E. Mahoney, MD	
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 BELIEVED ON THE BEHALF OF DECEASED AS PROVIDED BY LAW		21D. ADDRESS	
10/3/76		18327 Hwy 18 Apple Valley, California	
21E. SIGNATURE		21F. DATE SIGNED	
[Signature]		10/4/76	
22A. SPECIFY BURIAL, ENTOMBMENT OR CREMATION		22B. DATE	
Burial		10/6/76	
23. NAME OF CEMETERY OR CREMATORY		24. EMBALMER—SIGNATURE AND LICENSE NUMBER	
Victor Valley Mem. Park		Rick Howland #6034	
25. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)		26. IF NOT CERTIFIED BY CORONER, WAS THIS DEATH REPORTED TO COMPTON? (SPECIFY YES OR NO)	
Kern Mem. Chapel		No	
27. LEGAL REGISTRAR SIGNATURE		28. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR	
[Signature]		10-5-76	
29. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) / (B) / (C)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Subarachnoid hemorrhage		2 wks	
30. PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT ACT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I		31. WAS OPERATION OR BIOPSY PERFORMED FOR AGE CORRECTION IN ITEM 19 OR 20? (SPECIFY YES OR NO)	
Obesity		No	
33. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		34. PLACE OF INJURY (FACTORY, OFFICE BUILDING ETC.)	
35. INJURY AT WORK (SPECIFY YES OR NO)		36. DATE OF INJURY—MONTH, DAY, YEAR	
37A. PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37B. MILES FROM PLACE OF INJURY TO VITAL RESIDENCE (IF IN MI)	
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)	
No		No	
40. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)			
6-10-76			
STATE REGISTRAR			

MEDICAL AND HEALTH DATA

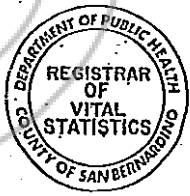
This must be in red to be a "CERTIFIED COPY"

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, NEVADA  
WILLIS A. DEPAOLI-RECORDER  
FILE NO. 80456  
FEE \$ 4.00

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