

AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA     )  
                           ) ss.  
 COUNTY OF ELKO     )

GENEVIEVE E. HARDEN, of legal age, being first duly sworn, deposes and says:

That Affiant, BEVERLY E. HARDEN and GENEVIEVE E. HARDEN, Husband and Wife were joint tenants in the ownership of real property located in the County of Eureka State of Nevada, described as follows:

Block 33, Lot 7, in Crescent Valley  
 Unit #1 as recorded by the Eureka  
 County Recorder's Office in Eureka,  
 Nevada, on April 6, 1959.

That the said BEVERLY E. HARDEN died on the 22nd day of April, 1982, all as is more fully set forth in the certified copy of the Certificate of Death of the said BEVERLY E. HARDEN, which is attached hereto and incorporated herein by reference.

That by virtue of the death of BEVERLY E. HARDEN on the 22nd day of April, 1982, GENEVIEVE E. HARDEN succeeded to the interest of the said BEVERLY E. HARDEN as the survivor of the joint tenancy between the said BEVERLY E. HARDEN and GENEVIEVE E. HARDEN in the foregoing described real property;

That this Affidavit is made pursuant to the requirements of N.R.S. 40.470 (5), to terminate said joint tenancy relationship.

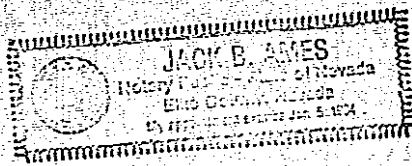
Genevieve E. Harden  
 GENEVIEVE E. HARDEN

JACK B. AMES  
 ATTORNEY AT LAW  
 575 FIFTH STREET  
 P. O. BOX 1629  
 ELKO, NEVADA 89801

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SUBSCRIBED AND SWORN to before me  
this 4 day of June, 1982.

*Jack B. Ames*  
NOTARY PUBLIC



COPY

JACK B. AMES  
ATTORNEY AT LAW  
575 FIFTH STREET  
P. O. BOX 1629  
ELKO, NEVADA 89801

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STATE 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

4,643 40

STATE FILE NUMBER

|   |  |  |  |   |   |  |                               |
|---|--|--|--|---|---|--|-------------------------------|
| TYPE OR PRINT IN PERMANENT BLACK INK  | LOCAL FILE NUMBER  |  | DECEASED—NAME First Middle Last  |   | DATE OF DEATH (Month, Day, Year)                            |  | COUNTY OF DEATH               |
|   | 4,643 40   |  | Beverly Earl HARDEN  |   | April 22, 1982  |  | Elko                          |
| DECEDENT  | CITY, TOWN, OR LOCATION OF DEATH   |  | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) |   | INSIDE CITY LIMITS (Specify Yes or No)                      | If Hosp or Inst indicate DOA, OP/Emar (As Inpatient) (Specify) |                               |
|   | Elko   |  | Elko General Hospital  |   | yes   | Inpatient  |                               |
| IF DATA RELAINED IN NOTIFICATION SEE BACKSIDE (READING COPY FILED IN INSURE FILE)                           | RACE—(e.g. White, Black, American Indian, and Spanish)                                 |  | AGE—Last Birthday (Years)  | UNDER 1 YEAR MOS + DAYS                           | HOURS + MINS  |  | DATE OF BIRTH (Mo., Day, Yr.) |
|   | White  |  | 19   | 5a 64   |   |  | 6 May 4, 1917                 |
| SEX   | STATE OF BIRTH (If not U.S.A., name country)   |  | CITIZEN OF WHAT COUNTRY  |   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)         |  | SURVIVING SPOUSE (Specify)    |
|   | Arizona  |  | USA  |   | Married   |  | Genevieve                     |
| SOCIAL SECURITY NUMBER  | USUAL OCCUPATION (Give kind of work Done During Most of Working Life, Even if Retired) |  | KIND OF BUSINESS OR INDUSTRY   |   | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) |  |                               |
|   | Plumber  |  | US Government  |   | no  |  |                               |
| RESIDENCE—STATE   | CITY, TOWN, OR LOCATION  | STREET AND NUMBER                          |  | INSIDE CITY LIMITS (Specify Yes or No)            |   |  |                               |
|   | 15a Nevada   | 15b Eureka                                 | 15c Crescent Valley  |   | 15d NO  |  |                               |
| FATHER—NAME First Middle Last   | MOTHER—Maiden Name First Middle Last   |  |  |   |   |  |                               |
|   | 16 Beverly E. Harden   |  | 17 Opal Everett  |   |   |  |                               |
| INFORMANT—NAME (Type or Print)  | MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip)                       |  |  |   |   |  |                               |
|   | 18a Mrs. Genevieve Harden  |  | 18b P. O. Box 40 Crescent Valley, Nevada 89821                             |   |   |  |                               |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)   | CEMETERY OR CREMATORY—NAME   |  | LOCATION City or Town State  |   |   |  |                               |
|   | 19a Removal/Cremation  |  | 19b Sunset Lawn Crematory  |   | 19c Salt Lake City, Utah                                    |  |                               |
| FUNERAL DIRECTOR—SIGNATURE (If Person Acting as Such)   | NAME AND ADDRESS OF FACILITY   |  |  |   |   |  |                               |
|   | 20a R.R. Burns   |  | 20b Burns Funeral Home, Inc., Box 689 Elko, Nevada 89801                   |   |   |  |                               |
| DATE SIGNED (Mo., Day, Yr.)   | HOUR OF DEATH  |  | DATE SIGNED (Mo., Day, Yr.)  |   | HOUR OF DEATH   |  |                               |
|   | 21b April 27, 1982   |  | 21c 6:40 p.m.  |   | 22b   |  | 22c                           |
| NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print)   | PRONOUNCED DEAD (Mo., Day, Yr.)  |  | PRONOUNCED DEAD (How)  |   |   |  |                               |
|   | 23 Hugh S. Collett, M.D.   |  | 23a 762-14th Street, Elko, Nevada 89801                                    |   | 23b YES NO  |  |                               |
| REGISTRAR (Signature and Title)   |  | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) |  | DEATH DUE TO COMMUNICABLE DISEASE                 |   |  |                               |
| 24a Deputy  |  | 24b April 27, 1982                         |  | 24c YES NO  |   |  |                               |
| 25a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))                                   |  | INTERVAL BETWEEN ONSET AND DEATH           |  |   |   |  |                               |
| PART 1 Metastatic transitional carcinoma of kidney  |  | One Year                                   |  |   |   |  |                               |
| DUE TO OR AS A CONSEQUENCE OF   |  | Interval between onset and death           |  |   |   |  |                               |
| DUE TO OR AS A CONSEQUENCE OF   |  | Interval between onset and death           |  |   |   |  |                               |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death, but not related to cause given in PART 1 (a) |  | AUTOPSY (Specify Yes or No)                |  | WAS CASE REFERRED TO CORONER? (Specify Yes or No) |   |  |                               |
| 26 Yes  |  | 26 No                                      |  | 27 NO   |   |  |                               |
| AGE, SEX, HOW INJURED, OR DISEASE (Specify)   | DATE OF INJURY OR DATE OF ONSET OF DISEASE   | DATE OF DEATH                              | PLACE OF INJURY  | PLACE OF DEATH                                    | STREET OR R.F.D. No.  | CITY OR TOWN   | STATE                         |
| 28a   | 28b  | 28c  | 28d  | 28e   | 28f   | 28g  | 28h                           |



VITAL RECORDS  
This is to certify that the above is a true and correct copy of the certificate of death in this office  
Date issued MAY 20 1982  
John H. Carr, M.D.  
STATE REGISTRAR

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

072728

JACK B. AMES  
ATTORNEY AT LAW  
575 FIFTH STREET  
P. O. BOX 1628  
ELKO, NEVADA 89801

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RECORDED AT REQUEST OF  
Jack B. Ames  
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82 JUN 10 P 4: 05

OFFICIAL RECORDS  
EUREKA COUNTY, NEVADA  
WILLIE A. DEFLAU, RECORDER  
FILE NO. 84-3-14  
FEE \$ 7.00

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