

AFFIDAVIT IN PURSUANCE OF THE PROVISIONS
OF SECTION 40.470, NEVADA REVISED STATUTES,
TERMINATING JOINT TENANCY.

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

ISABEL KITCHEN, being of legal age, and being first duly sworn, deposes and says: That Affiant is the widow of JOSEPH KITCHEN.

That JOSEPH KITCHEN, Decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOSEPH KITCHEN named as one of the parties in that certain Deed executed to JOSEPH KITCHEN and ISABEL KITCHEN as Joint-Tenants with rights of survivorship, recorded in the Official Records of the County Recorder of Eureka County, Nevada, as File No. 57372, Book No. 45, Page No. 455 and 456, a copy of which is attached hereto and marked as Exhibit 'A' and by this reference made a part hereof, and relating to that certain real property more particularly described as follows:

Lots twenty-one (21), twenty-two (22),
twenty-three (23), twenty-four (24),
twenty-five (25), and twenty-six (26),
in Block seventy-seven (77).

TOGETHER with all buildings and improvements situate thereon.

TOGETHER with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

That it appears from the death certificate attached hereto, the said Decedent, JOSEPH KITCHEN, died in the County of Clark, State of Nevada, on the 20th day of September, 1982.

That Affiant makes this Affidavit pursuant to the provisions of N.R.S. 40.470 (5) and 111.365 for the purpose of establishing

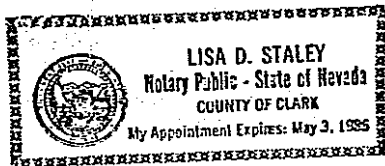
death of joint tenant, terminating the interest of the deceased joint tenant in and to the afore-described real property and vesting solely in petitioner, as the surviving joint tenant, title to the afore-described real property.

Isabel Kitchen
ISABEL KITCHEN

SUBSCRIBED and SWORN to before
me this 15th day of December, 1982

When Recorded mail to:
James E. Guesman, Esquire
325 South Third St., Ste. 24
Las Vegas, NV 89101

Lisa D. Staley
NOTARY PUBLIC in and for said
County and State



STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		MIDDLE		LAST		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
100-50000		Joseph		Kitchen		September 20, 1982		Clark	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not enter, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		INSIDE CITY LIMITS (Specify Yes or No)		INSIDE CITY LIMITS (Specify Yes or No)	
Las Vegas		5601 Idle Ave.		Yes		Yes		Yes	
RACE - (a) White, (b) Black, (c) American Indian, (d) Other		AGE - Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		DATE OF BIRTH (Month, Day, Year)		SEX	
White		85		Married		March 12, 1907		Male	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES?	
Nevada		U.S.A.		Married		Isabel G. Roberts		No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION - Give Kind of Work Done During Most of Year No Line, Ever if Retired		KIND OF BUSINESS OR INDUSTRY					
13		Grocer		Grocery Business					
RESIDENCE - STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
Nevada		Clark		Las Vegas		5601 Idle		Yes	
FATHER - NAME		MOTHER - MAIDEN NAME							
16 John George Kitchen		17 Abbey Shaw							
INFORMANT - NAME (Type of Person)		FAXING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a Walter Kitchen		18b 5601 Idle Las Vegas, Nevada 89107							
BURIAL CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION		City or Town		State	
19a Cremation		19b Palm Crematory		19c Las Vegas		Nevada			
FLAUNCE, DIRECTOR, SIGNATURE OF Person Acting as Such		NAME AND ADDRESS OF FACILITY							
20a Gary R. Davis		20b Davis Funeral Home 2127 W Charleston Las Vegas, NV 89102							
21a To best of my knowledge, death occurred at the time, date and place and due to the cause stated.		21b On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause stated.							
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21a 9-20-82		21b 1:45 A.M.		22a		22b			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)					
21d		22d GN		22e AT					
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)									
23 Dennis G. Campton, M.D. 3815 S. Jones Suite #3 Las Vegas, NV 89103									
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a Signature: Sandra L. Davis		24b SEP 20 1982		25 YES NO					
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))									
25a (a) Respiratory Failure									
25b (b) COPD									
25c (c) Prob Bronchogenic Carcinoma									
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)									
26a Hypertension									
26b									
26c									
26d									
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