

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF CALIFORNIA     )  
  ) ss.  
COUNTY OF SAN DIEGO     )

LOA JEAN STINTON, being the surviving daughter of WILLIAM GEORGE TITMUS, being first duly sworn, deposes and says:

1. That Affiant is over the age of 21 years, and competent to be a witness as to the matters hereinafter stated.
2. That WILLIAM GEORGE TITMUS and MILDRED JULIA TITMUS were husband and wife at the time of execution of the Deed described below.
3. That MILDRED JULIA TITMUS was one of the Grantees of that certain deed recorded September 18, 1967, as Document No. 15282, in Book 20, at Page 398, of Official Records in the office of the County Recorder of Eureka County, State of Nevada, which Deed conveyed that certain real property in the County of Eureka, State of Nevada, more particularly described as follows:

The SW $\frac{1}{4}$  of the NE $\frac{1}{4}$  of Section 1, Township 30 North, Range 48 East, MDB&M

SUBJECT to any and all matters of record, reserving therefrom an easement of 30 feet along all boundaries for ingress and egress with power to dedicate.

TOGETHER WITH any and all improvements situate thereon.

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

GOICOECHEA & DIGRAZIA, LTD.  
ATTORNEYS AT LAW  
BLOHM BUILDING, SUITE 200  
FIFTH & IDAHO STREETS - P. O. BOX 1358  
ELKO, NEVADA 89801  
(702) 738-8091

BOOK 147 PAGE 242



82-083707

CERTIFICATE OF DEATH  
STATE OF CALIFORNIA

8000

005652

|   |  |   |  |  |  |  |  |   |  |
|---|--|---|--|--|--|--|--|---|--|
| 1A. NAME OF DECEDENT—FIRST<br>MILDRED   |  | 1B. MIDDLE<br>S.  |  | 1C. LAST<br>TITMUS   |  | 2A. DATE OF DEATH (MONTH, DAY, YEAR)<br>May 21, 1982   |  | 2B. HOUR<br>0725                            |  |
| 3. SEX<br>Female  |  | 4. RACE<br>White  |  | 5. ETHNICITY<br>7  |  | 6. DATE OF BIRTH<br>January 12, 1911   |  | 7. AGE<br>71                                |  |
| 8. MARITAL STATUS<br>OH   |  | 9. PREVIOUS MARRIAGES (NAME AND ADDRESS)<br>Orville Sellers - OH  |  | 10. PRESENT STATUS<br>Divorced   |  | 11. NAME AND BIRTHPLACE OF SPOUSE<br>Mabel Sampsell - OH   |  | 12. DATE OF MARRIAGE (MONTH, DAY, YEAR)     |  |
| 13. COUNTRY OF BIRTH<br>U.S.A.  |  | 14. PLACE OF BIRTH  |  | 15. OCCUPATION<br>Homemaker  |  | 16. NUMBER OF YEARS IN CALIFORNIA<br>45  |  | 17. EMPLOYER (IF SELF-EMPLOYED, LIST)       |  |
| 18. TYPE OF HOME<br>Homemaker   |  | 19. TYPE OF HOME<br>Self-employed   |  | 20. TYPE OF HOME<br>Own home   |  | 21. TYPE OF HOME<br>Own home   |  | 22. TYPE OF HOME<br>Own home                |  |
| 19A. USUAL RESIDENCE<br>3780 Massachusetts Avenue   |  | 19B. CITY<br>San Diego  |  | 19C. STATE<br>California   |  | 23. NAME AND ADDRESS OF INFORMANT<br>San Diego County<br>Public Administrator<br>5201-A Ruffin Road<br>San Diego, CA 92123 |  | 24. RELATIONSHIP TO DECEDENT                |  |
| 21A. PLACE OF DEATH<br>San Diego Convalescent Hospital  |  | 21B. COUNTY<br>San Diego  |  | 21C. STREET ADDRESS (NUMBER AND NAME OF STREET)<br>3780 Massachusetts Avenue                                 |  | 21D. CITY<br>La Mesa   |  | 21E. STATE<br>California                    |  |
| 22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)<br>IMMEDIATE CAUSE<br>(A) <i>Acute Heart Failure</i> |  | 22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)<br>IMMEDIATE CAUSE<br>(B) <i>Astria - Probable Pneumonia</i> |  | 22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)<br>IMMEDIATE CAUSE<br>(C) <i>None</i> |  | 25. HAD DEATH REPORTED TO CORONER? <i>Yes</i>  |  | 26. HAD AUTOPSY PERFORMED? <i>No</i>        |  |
| 23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH<br><i>None</i>                            |  | 27. HAD AUTOPSY PERFORMED FOR ANY CONDITION OTHER THAN THAT OF THE TYPE OF DEATH?<br><i>No</i>                                      |  | 28. DATE SIGNED<br>6/27/81   |  | 29. PHYSICIAN'S SIGNATURE AND TITLE<br><i>Howard I. Heilbrunn, M.D.</i>  |  | 30. PHYSICIAN'S LICENSE NUMBER<br>934139    |  |
| 31. SPECIFIC ACCIDENT (FIRE, ETC.)  |  | 32. PLACE OF INJURY   |  | 33. INJURY BY WHAT?  |  | 34. DATE OF INJURY (MONTH, DAY, YEAR)  |  | 35. HOUR                                    |  |
| 36. DISPOSITION<br>Cremation  |  | 37. DATE (MONTH, DAY, YEAR)<br>May 26, 1982   |  | 38. NAME AND ADDRESS OF CREMATOR OR CREMATORY<br>Greenwood Crematory -- San Diego, CA                        |  | 39. NUMBER OF BURIAL PLACES AND SITES<br>4288  |  | 40. DATE RECEIVED BY CORONER<br>MAY 20 1982 |  |
| 41. STATE REGISTER<br>A. 4  |  | B. X  |  | C. 2   |  | D. <i>None</i>   |  | E. 0384                                     |  |

CERTIFICATE OF DEATH 8000

STATE OF CALIFORNIA

THIS IS TO CERTIFY THAT, IF BEARING THE OFFICIAL SEAL OF THE SAN DIEGO DEPARTMENT OF HEALTH SERVICES, THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL DOCUMENT FILED.  
 Ronald L. Ramey, M.D., HEALTH OFFICER,  
 SAN DIEGO DEPARTMENT OF HEALTH SERVICES  
 1700 PACIFIC HWY., SAN DIEGO, CA 92101

|   |   |  |  |   |   |
|---|---|--|--|---|---|
| STATE FILE NUMBER   |   |  | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER   |   |   |
| 1A. NAME OF DECEDENT—FIRST  |   | 1B. MIDDLE   | 1C. LAST   |   | 2A. DATE OF DEATH MONTH, DAY, YEAR      |
| William   |   | George   | Titmus   |   | March 11, 1985                          |
| 2. SEX  | 4. RACE/ETHNICITY   | 5. SPANISH/SPANISH NO  |  | 6. DATE OF BIRTH  | 7. AGE                                  |
| Male  | Caucasian   | NO   |  | April 29, 1914  | 70 YEARS                                |
| 8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY)  |   | 9. NAME AND BIRTHPLACE OF FATHER                                   |  |   | 10. BIRTH NAME AND BIRTHPLACE OF MOTHER |
| UT  |   | George M Titmus-Unk.   |  |   | Irene McCaw-SD                          |
| 11A. CITIZEN OF WHAT COUNTRY  | 11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE | 12. SOCIAL SECURITY NUMBER   | 13. MARITAL STATUS   | 14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)        |   |
| USA   | 19 - TO 19 -  |  | Widower  |   |   |
| 15. PRIMARY OCCUPATION  |   | 16. NUMBER OF YEARS THIS OCCUPATION                                | 17. EMPLOYER IF SELF-EMPLOYED, SO STATED   |   | 18. KIND OF INDUSTRY OR BUSINESS        |
| Pattern Maker   |   | 30   | General Dynamics   |   | Aircraft                                |
| 19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)   |   |  | 19B.   |   |   |
| 325 54th St Sp 14   |   |  | San Diego  |   |   |
| 19C. COUNTY   |   | 19D. STATE   |  | 20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP                  |   |
| San Diego   |   | Ca   |  | Loa Jean Stinton-daughter<br>9858 Settle Rd<br>Santee, Ca 92071 |   |
| 21A. PLACE OF DEATH   |   | 21B. COUNTY  |  | 21C. CITY OR TOWN   |   |
| Paradise Valley Hospital  |   | San Diego  |  | National City   |   |
| 21D. STREET ADDRESS (STREET AND NUMBER OR LOCATION)   |   | 21E. CITY OR TOWN  |  |   |   |
| 2400 E. Fourth Street   |   | National City  |  |   |   |
| 22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE  |   |  |  |   |   |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.  |   |  | (A) Hemorrhage, massive<br>OR TO, OR AS A CONSEQUENCE OF<br>(B) Carcinoma, lung, left, upper lobe<br>DUE TO, OR AS A CONSEQUENCE OF<br>(C) |   |   |
| 23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A  |   |  | 27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION   |   |   |
|   |   |  | No   |   |   |
| 28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.   |   | 28B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE                       |  | 28C. DATE SIGNED  | 28D. PHYSICIAN'S LICENSE NUMBER         |
| I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.)   |   | LAST SAW DECEDENT ALIVE (ENTER MO. DA. YR.)                        |  |   |   |
|   |   | 28E. TYPE PHYSICIAN'S NAME AND ADDRESS                             |  |   |   |
| 29. SPECIFY ACCIDENT, SUICIDE, ETC.   |   | 30. PLACE OF INJURY  | 31. INJURY AT WORK   | 32A. DATE OF INJURY—MONTH, DAY, YEAR                            | 32B. HOUR                               |
|   |   |  |  |   |   |
| 33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)   |   | 34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) |  |   |   |
|   |   |  |  |   |   |
| 35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HAD AN INQUEST- INVESTIGATION |   |  | 35B. CORONER—SIGNATURE AND DEGREE OR TITLE   |   | 35C. DATE SIGNED                        |
| Investigation   |   |  | DAVID J. STARK, Coroner  |   | 3-12-85                                 |
| 36. DATE—MONTH, DAY, YEAR   |   | 38. NAME AND ADDRESS OF CEMETERY OR CREMATOR                       |  | 39. EMBALMER'S LICENSE NUMBER AND SIGNATURE                     |   |
| 3-14-85   |   | Leneda Inc<br>El Cajon, Ca   |  | 46307 Donald R. Becker  |   |
| 40A. NAME OF FUNERAL DIRECTOR FOR PERSON ACTING AS SUCH   |   | 40B. LICENSE NO.   | 41. LOCAL REGISTRAR—SIGNATURE  |   | 42. DATE ACCEPTED BY LOCAL REGISTRAR    |
| NEPTUNE OF SAN DIEGO  |   | P-1352   | Ronald L. Ramey, M.D.  |   | MAR 14 1985                             |
| STATE REGISTRAR   | A.  | B.   | C.   | D.  | E.                                      |

FEE PAID: \$4.00  
 DATED: MAR 15 1985

RECORDED AT REQUEST OF  
 Loa Jean Stinton  
 BOOK 147 PAGE 245.

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OFFICIAL RECORDS  
 EL REKA COUNTY, NEVADA  
 M.N. REBELETTI, RECORDER  
 FILE NO. 104162  
 BOOK 147 PAGE 245 FEE 8.00