

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF Nevada)
COUNTY OF Eureka) ss:

Florence Aileen Ray, of 4504 N.W. 32ND Place
Oklahoma City, Oklahoma 73122,

being first duly sworn upon oath states:

(1) That on the 6th & 19th day of May, 1980, there was conveyed to
Harold W. Ray, and Florence Aileen Ray

by Warranty Deed, as joint tenants and not as tenants in common, with full right of
survivorship, the following described real property situated in Eureka
County, Nevada, to wit: Parcel NO. 5-020-11

T31N,R48E SEC. 27 N2NW4NE4 20AC

which said deed was recorded in the records of the County Clerk of Eureka County,
Nevada, in Book 81, Page 110. File 73557.

(2) That Harold W. Ray died on the 14 day
of April 1992, and that affiant is the surviving spouse and surviving joint
tenant of said estate as heretofore described.

(3) That the decedent, Harold W. Ray, named in the death
certificate attached hereto, is one and the same person as the joint tenant named in
said deed recorded in Book 81, Page 110. File 73557.

(4) That as surviving spouse, no estate taxes are due under the provisions
of Title 68 O.S.A. §804 and therefore under the provisions of Title 58 O.S.A. §912(3)
no waiver or release of estate taxes from the Oklahoma Tax Commission is required.

Executed the 13 day of July, 1992

Florence Aileen Ray

STATE OF OKLAHOMA)
COUNTY OF) ss:

The foregoing instrument was subscribed, sworn to and acknowledged before me
this 13th day of July, 1992, by Florence Aileen Ray

(Seal)

[Signature]
Notary Public

My Commission Expires: 4-3-96

ATTENDING PHYSICIAN
CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

LOCAL REGISTRAR'S FILE NO.		STATE FILE NO.	
DECEASED - NAME 1. HAROLD WENFRED RAY		DATE OF DEATH (Month, Day, Year) 2. 4/14/92	
RACE - White, Negro, American Indian, Etc. (Specify) 4. White		SEX 3. Male	
AGE - Last Birthday (Year) 5a. 74		DATE OF BIRTH (Month, Day, Year) 6. 9/07/17	
CITY, TOWN, OR LOCATION OF DEATH 7a. Oklahoma City		COUNTY OF DEATH 7b. Oklahoma	
INSIDE CITY LIMITS 7c. XX		HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) 7d. Baptist Hospital	
STATE OF BIRTH (If not in U.S.A., Name Country) 8. Oklahoma		CITIZEN OF WHAT COUNTRY 9. USA	
SOCIAL SECURITY NUMBER 12. [REDACTED]		SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. Florence Aileen Hughes	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Civil Service		KIND OF BUSINESS OR INDUSTRY 13b. Tinker AFB	
RESIDENCE - STATE 14a. Oklahoma		CITY, TOWN, OR LOCATION 14c. Oklahoma City	
COUNTY 14b. OK		INSIDE CITY LIMITS 14d. XX	
FATHER - NAME (First, Middle, Last) 15. Rufus Ray		MOTHER - MAIDEN NAME (First, Middle, Last) 16. Maud Etta Morgan	
INFORMANT - NAME 17a. Aileen Ray (wife)		MAILING ADDRESS 17b. 4504 N. W. 32nd Pl., OKC, OK 73122	
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)		Approximate Interval Between onset and Death	
18. CAUSE OF DEATH IMMEDIATE CAUSE (a) Electromechanical dissociation		Immediate	
DUE TO OR AS A CONSEQUENCE OF: (b) Acute Coronary Insufficiency			
DUE TO OR AS A CONSEQUENCE OF: (c) Chronic Coronary Disease			
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))		AUTOPSY 19a. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning-to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.		IF YES: Were findings considered in determining cause of death? 19b. Yes <input type="checkbox"/> No <input type="checkbox"/>	
CERTIFICATION - Month Day Year 20a. PHYSICIAN I attended the deceased 8-7-85 TO 4-14-92		And Last saw him/her alive on 20b. Month Day Year 2-14-92	
CERTIFIER - NAME (Type or Print) 21a. Dr. Lawrence Higgs		SIGNATURE OF CERTIFIER 21b. [Signature]	
MAILING ADDRESS - CERTIFIER 21d. 3433 N. W. 56 #400, Okla. City, OK 73112		DEATH OCCURRED at 20c. 12:05 P.M.	
BURIAL, CREMATION, REMOVAL (Specify) 22a. Burial		CEMETERY OR CREMATORY - NAME 22c. Paden Cemetery	
LOCATION (Cemetery or Crematory) 22b. Paden, Oklahoma		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 23. Guardian West, 5820 NW 41, OKC	
LOCAL REGISTRAR SIGNATURE 24. [Signature]		FUNERAL DIRECTOR 24b. Mark Goodwin	
DATE RECORDED BY LOCAL REG. 25. APR 16 1992		DATE RECEIVED BY STATE REGISTRAR 26. APR 16 1992	



State Department of Health

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73152

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

MAY 11 1992



CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

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BOOK 236 PAGE 423
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF

H. Wenfied or Allen Lay
92 JUL 17 A9 20

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. 141592
FEE \$ 4.00

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