

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF TENNESSEE)
COUNTY OF WHITE)
ss.)

BERNICE H. GOGGIN, the spouse of the decedent, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matter hereinafter stated.

That affiant is the person named as one of the grantees in that certain deed recorded July 6, 1965, as Document No. 41027 in Book 7 page 597, in the office of the County Recorder of Bureka County, State of Nevada.

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

Bernice H. Goggin by Norma Moore, her Attorney in fact
BERNICE H. GOGGIN

STATE OF TENNESSEE
County of White

Signed or attested before me on this 8th day
of June, 1994.

Roberta S. Cunningham
NOTARY PUBLIC



1 DECEASED NAME: Michael Peter Goggin
 2 SEX: Male
 3 DATE OF DEATH: March 23, 1988

4 AGE: 75 (Last birthday)
 5a. (Yes) 75
 5b. (MOS) 75
 5c. (DAYS) 75
 5d. (HOURS) 75
 5e. (MINS) 75

6 DATE OF BIRTH: January 6, 1913
 7a. COUNTY OF DEATH: Orange
 7b. CITY, TOWN OR LOCATION OF DEATH: Apopka
 7c. HOSPITAL OR OTHER INSTITUTION Name (if not in either, give street and number): Florida Hospital

8 STATE OF BIRTH (if not in U.S.A. name country): Oregon
 9 U.S.A.
 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 11. Bernice Haley
 12 SOCIAL SECURITY NUMBER: [REDACTED]
 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): W02 United States Navy
 13b. Military
 13c. YES NO

14a. RESIDENCE-STATE: Florida
 14b. Lake
 14c. CITY, TOWN OR LOCATION: Sorrento
 14d. STREET AND NUMBER: 19 Madison Avenue
 14e. INSIDE CITY LIMITS (Specify Yes or No): Yes

15 FATHER-NAME: Patrick Bernard Goggin
 16 MOTHER-NAME: Maude Ivy
 17a. MAILING ADDRESS: 19 Madison Avenue Sorrento, Florida 32776
 17b. STREET OR R.F.D. NO.: 19
 17c. CITY OR TOWN: Sorrento, Florida 32776
 17d. STATE: Florida

18a. Removal-Burial
 18b. Arlington National Cem.
 18c. LOCATION: Arlington, Virginia
 19. Baldwin-Fairchild Funeral Home
 ADDRESS: 601 N. Park Avenue Apopka, FL 32712

20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
 20b. (Signature and Title): [Signature]
 20c. HOUR OF DEATH: 7:30 PM
 20d. DATE SIGNED (Mo., Day, Yr.): March 30, 1988
 20e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): [REDACTED]
 20f. M
 20g. To be Completed by CERTIFYING PHYSICIAN ONLY

21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
 21b. (Signature and Title): [Signature]
 21c. DATE SIGNED (Mo., Day, Yr.): March 30, 1988
 21d. HOUR OF DEATH: 7:30 PM
 21e. PRONOUNCED DEAD (Mo., Day, Yr.): [REDACTED]
 21f. M
 21g. To be Completed by MEDICAL EXAMINER

22. C. A. MORGAN M.D. P.O. Box 3555 APOPKA, FL 32703
 23a. (Signature): [Signature]
 23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): MAR 30 1988

24 IMMEDIATE CAUSE: [REDACTED]
 25. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
 26. DUE TO, OR AS A CONSEQUENCE OF (List underlying cause last)
 27. DUE TO, OR AS A CONSEQUENCE OF (List underlying cause last)
 28. DUE TO, OR AS A CONSEQUENCE OF (List underlying cause last)

29. PART II IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No
 30. PART III IF FEMALE WAS THERE AUTOPSY (Yes or No) No
 31. CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No

32. IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED: [REDACTED]
 33. DATE OF SURGERY (Mo., Day, Yr.): [REDACTED]

34. HOURS OF INJURY: [REDACTED]
 35. DATE OF INJURY (Mo., Day, Yr.): [REDACTED]
 36. DESCRIBE HOW INJURY OCCURRED: [REDACTED]

37. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify): [REDACTED]
 38. LOCATION: [REDACTED]
 39. STREET OR R.F.D. NO.: [REDACTED]
 40. CITY OR TOWN: [REDACTED]

41. INJURY AT WORK (Specify Yes or No): [REDACTED]
 42. INJURY AT HOME (Specify Yes or No): [REDACTED]

43. PROBABILITY OF ACCIDENT, SUICIDE OR HOMICIDE OR UNDETERMINED (Specify): [REDACTED]
 44. DATE OF INJURY (Mo., Day, Yr.): [REDACTED]
 45. HOUR OF INJURY: [REDACTED]
 46. DESCRIBE HOW INJURY OCCURRED: [REDACTED]

47. THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE
 48. MAR 30 1988
 49. STATE REGISTRAR / RECORDS ADMINISTRATOR: [Signature]
 50. OLIVER H. BOORDE
 51. State Registrar

52. WARNING: ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA. ALTERATION OR ERASURE Voids THIS CERTIFICATION.

53. HRS
 54. DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

55. GREAT SEAL OF THE STATE OF FLORIDA
 56. IN GOD WE TRUST

57. HHS Form 1564 (8/87)

58. BOOK 27 PAGE 348

COPY

BOOK 270 PAGE 347
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Norma Moore
.94 JUN 24 P 3:13

EUREKA COUNTY, NEVADA
M.N. REBALANCE RECORDS
FILE NO. FEE \$ *900*

BOOK 270 PAGE 349

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