

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

COUNTY OF MINERAL

: ss.

AVONA M. LADD, 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 matters hereinafter stated.

That affiant is AVONA M. LADD, the widow of WILLIAM L.

LADD, and the person named as AVONA M. LADD, one of the grantees

named in that certain Joint Tenancy Deed recorded as Instrument

No. 145327 in Book 247, Page 168, of Official Records in the

Office of the County Recorder of Eureka County, State of Nevada,

which property described therein is located in Eureka County,

State of Nevada, and which property is known and described as

follows, to wit:

Township 31 North, Range 49 East, M.D.B. & M.

Section 25; SW 1/4 NW 1/4 05-090-40

RESERVING thirty feet on all boundaries thereof for  
road purposes.

Together with 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.

Subject to the reservations and exceptions by Southern  
Pacific Company in its deed to Martin T. Magnuson,  
et al, recorded April 23, 1959 in Book 25 of deeds at  
page 290, Eureka County, Nevada, records.

Together with the tenements, hereditaments and

appurtenances, including easements and water rights,  
if any, thereunto belonging or appertaining, and the

reversion and reversions, remainders, rents, issues  
and profits thereof.

DENNIS C. WILSON  
Attorney at Law  
P.O. Box 370  
Hawthorne, NV 89415  
(702) 945-2636  
FAX (702) 945-0700

BOOK 271 PAGE 246

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BOOK 271 PAGE 247

WHEN RECORDED MAIL TO:  
Avona M. Ladd  
P.O. Box 1922  
Hawthorne, Nevada 89415

TINA M. TRUJILLO  
Notary Public - State of Nevada  
My Appointment Recorded in Mineral County  
MY APPOINTMENT EXPIRES SEPT. 5, 1995



*Tina M. Trujillo*  
Notary Public

Subscribed and sworn to before  
me this 14th day of July, 1994

*Avona M. Ladd*  
AVONA M. LADD

That William L. Ladd was one of the grantees named in said deed and was the identical person named as William Lewis Ladd, the decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof, which person died on the 4th day of September, 1993, in Hawthorne, Mineral County, Nevada.

**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**

1. DECEASED—NAME Last Middle First <b>William Lewis LADD</b>		2. DATE OF DEATH (Month, Day, Year) <b>September 4, 1993</b>		3a. COUNTY OF DEATH <b>Mineral</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Hawthorne</b>		3c. 152 N Street		3d. SEX <b>Male</b>	
4. RACE <b>White</b>		5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) <b>77</b>	
7a. UNDER 1 YEAR MOS : : : : : DAYS : : : : : HOURS : : : : : MIN : : : : :		7b. UNDER 1 DAY DATE OF BIRTH (Mo., Day, Yr.) <b>Feb. 2, 1916</b>		8. SURVIVING SPOUSE (If wife, give maiden name) <b>Avona Sawyer</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY Decedent's Education. Specify highest grade completed. <b>USA 9</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
9c. SOCIAL SECURITY NUMBER [REDACTED]		11. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <b>Pipe Fitter</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
13. RESIDENCE—STATE <b>Nevada</b>		14. CITY, TOWN, OR LOCATION <b>Hawthorne</b>		15. STREET AND NUMBER <b>192 N Street</b>	
15a. INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>		16. FATHER—NAME Last Middle First <b>James E. Ladd</b>		17. MOTHER—MAIDEN NAME Last Middle First <b>Emma Letellier</b>	
18a. INFORMANT—NAME (Type or Print) <b>Avona M. Ladd</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 1922 Hawthorne, NV 89415</b>		19. BIRTHAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>	
19a. CEMETERY OR CREMATORY—NAME <b>FitzHenry's Crematory</b>		19b. CITY or Town <b>Carson City, NV</b>		19c. STATE <b>NV</b>	
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY <b>Hawthorne Funeral Home</b> <b>Box 2390 Hawthorne, NV 89415</b>		20c. LICENSE NUMBER <b>18</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. <i>[Signature]</i> <b>Robert W. Shaw M.D.</b>		21b. DATE SIGNED (Mo., Day, Yr.) <b>Sept. 4, 1993</b>		21c. HOUR OF DEATH <b>2:15</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. ON		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
22c. HOUR OF DEATH		22d. AT		22e. LICENSE NUMBER <b>5520</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CONONER), (Type or Print) <b>Robert W. Shaw M.D. Box 3159 Hawthorne, NV 89415</b>		23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Sept 7, 1993</b>		23c. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Sept 7, 1993</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Heart failure</b>		25a. IMMEDIATE CAUSE (a) <b>Heart failure</b>		25b. IMMEDIATE CAUSE (b) <b>Heart failure</b>	
25c. IMMEDIATE CAUSE (c) <b>Heart failure</b>		26. PART I: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Autopsy</b>		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Autopsy</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>NO</b>		27a. YES		27b. NO	
28a. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify) <b>NO</b>		28b. DATE OF INJURY (Mo., Day, Yr.) <b>NO</b>		28c. HOUR OF INJURY <b>NO</b>	
28d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>NO</b>		28e. LOCATION <b>NO</b>		28f. STREET OR R.F.D. No. <b>NO</b>	
28g. CITY OR TOWN <b>NO</b>		28h. STATE <b>NO</b>		28i. COUNTY <b>NO</b>	

**CAUSE OF DEATH**  
 STATE THE UNDERLYING CAUSE LAST  
 WHICH GAVE RISE TO THE IMMEDIATE CAUSE  
 IF ANY

**CERTIFIER**  
 To be Completed by CERTIFYING PHYSICIAN

**DISPOSITION**  
 IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK SECTION OF RESIDENCE TITLES

**PARENTS**  
 BLACK INK OR PRINT IN PERMANENT

**DECEDENT**  
 TYPE OR PRINT IN PERMANENT BLACK INK

**WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT**

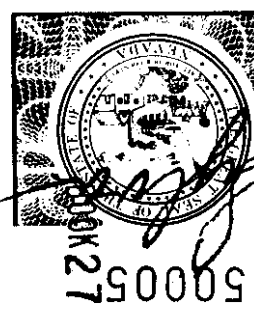
Date Issued: **SEP 14 1993**

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Deputy Registrar  
*[Signature]*

No. 0500057

PAGE 2 of 2



COPY

BOOK 271 PAGE 249

EUREKA COUNTY, NEVADA  
M.N. REBALANCE RECORD  
FILE NO. **153850**  
FEES \$ 100

BOOK 271 PAGE 246  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Arona M. Kadd*  
94 JUL 15 P3:11