

AFFIDAVIT TERMINATING JOINT TENANCY
ASSIGNMENT TRANSFERRING WATER RIGHTS

STATE OF NEVADA)
)
 : ss.
)

GEORGE W. BROWN, being first duly sworn, deposes and says:

1. That Affiant was the husband of RITA I. BROWN, one of the grantees in that certain grant, Bargain and Sale Deed to Joint Tenants dated September 10, 1957, wherein WILLIAM MARSHALL and RACHEL MARSHALL, his wife, and W. R. BAILEY, a single man, were grantors, and GEORGE W. BROWN and RITA I. BROWN, his wife, as joint tenants with right of survivorship and not as tenants in common, were grantees, conveying those certain lots, pieces of parcels of land situate in the County of Eureka, State of Nevada, that are described as follows:

Township 24 North, Range 52 East, MDB&M

Section 1: SE½NE½; NE½SE½

Township 24 North, Range 53 East, MDB&M

Section 6: SW½NE½; SE½NW½; Lots 4 and 5 of NW½; E½SW½; Lot 7 of SW½; SE½

7: N½NE½; NE½NW½; Lot 1 of NW½

Certificate Record No. 12378, in Book 42 at Page 12378, Application No. 50581, underground source (Certificate 7224) well, pump and distribution system.

That said Deed was recorded on September 16, 1957, in Book 26, Deeds, page 182, File No. 33311, Eureka County Recorder's Office.

2. That Affiant was the husband of RITA I. BROWN, one of the grantees in that certain grant, Bargain and Sale Deed to Joint Tenants, dated April 16, 1958, wherein JOHN B. SIRI and BENVENTA SIRI, his wife, were Grantors, and GEORGE W. BROWN and RITA I. BROWN, his wife, as joint tenants with right of survivorship and not as tenants in common, were Grantees, conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, that are described as follows:

Township 24 North, Range 53 East, MDB&M

Section 6: Lot 6, also called NW½SW½

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That said Deed was recorded on April 21, 1958, in Book 25, Deeds, page 229, File No. 33608, Eureka County Recorder's Office.

3. That the said RITA I. BROWN, one of the grantees named in the aforesaid Deeds, died in the City of Elko, County of Elko, State of Nevada, on November 26, 1983, and is the identical person named as RITA IRENE BROWN in that Certificate of Death, duly certified, marked Exhibit "A" and attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

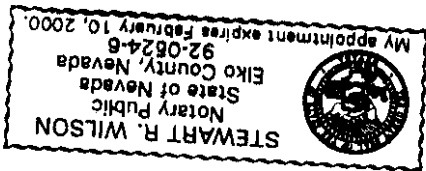
4. This Affidavit is for the purpose of terminating the joint tenancy interest of RITA I. BROWN in and to the foregoing described water rights and in the water rights appurtenant to the foregoing real property.

5. Affiant hereby quit claims, assigns, transfers and conveys without warranty of title all right, title and interest in and to the water rights described in paragraph 1 to EZRA C. LUNDHAHL, INC., a Utah corporation, 710 North 600 West, Logan, Utah 84321.

6. Affiant hereby quit claims, assigns, transfers and conveys without warranty of title all right, title and interest in and to the Filing Serial No. 02658 for the Eva Spring, also described in Permit No. 7247 to Ezra C. Lundahl, Inc., a Utah corporation.

George W. Brown
George W. Brown
On the 9th day of June, 1996, personally appeared before me, GEORGE W. BROWN, the signer of the within instrument, who duly acknowledged to me that he executed the same.

Stewart R. Wilson
NOTARY PUBLIC



mpj/brown.aff
N-2483.050

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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

14,871 (117)

1 DECEASED - NAME First Middle Last Rita Irene BROWN		1 CITY, TOWN, OR LOCATION OF DEATH BROWN	
2 DATE OF DEATH (Month, Day, Year) Nov 26, 1983		3a COUNTY OF DEATH Elko	
3b HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Elko		3c HOSPITAL OR OTHER INSTITUTION - (Specify Yes or No) Yes	
3d DATE OF BIRTH (Mo., Day, Yr.) April 2, 1928		3e SEX Female	
4a RACE - (a) White, Black, American Indian, etc. (Specify) White		4b AGE - Last Birthday (Years) MOS : DAYS : HOURS : MINS 55	
4c ETHNIC Elko General Hospital		4d	
5 STATE OF BIRTH California		6 SURVIVING SPOUSE (If wife, give maiden name) George W. Brown	
7 SOCIAL SECURITY NUMBER USA		8 US ARMED FORCES? George W. Brown	
9 USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Homemaker		10 KIND OF BUSINESS OR INDUSTRY Own Home	
11 RESIDENCE - STATE Nevada		12 INSIDE CITY LIMITS no	
13 FATHER - NAME First Middle Last Eureka		14 MOTHER - MAIDEN NAME First Middle Last Brown Ranch	
15a FATHER - NAME First Middle Last Eureka		15b MOTHER - MAIDEN NAME First Middle Last Brown Ranch	
16 INFORMANT - NAME (Type or Print) Theodore M. Thompson		17 MAILING ADDRESS Georgiabelle Lenore Shumway	
18a DECEASED - NAME (Type or Print) George W. Brown		18b BROWN RANCH Diamond Valley Eureka, Nv. 89316	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - NAME IOOF Cemetery	
19c NAME AND ADDRESS OF FACILITY Eureka, Nevada		19d CITY or Town State	
20a SIGNATURE OF Person Acting as Such <i>[Signature]</i>		20b FUNERAL DIRECTOR - NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. Box 689 Elko, Nv. 89801	
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>		21b DATE SIGNED (Mo., Day, Yr.) November 29, 1983	
21c HOURS OF DEATH 0335		21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) To be Completed by Certifying Physician	
22a 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) <i>[Signature]</i>		22b DATE SIGNED (Mo., Day, Yr.) 11/9/83	
22c HOURS OF DEATH 16:00		22d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Douglas A. Hunter, M.D. 762-14th Street, Elko, Nevada 89801	
23a REGISTERAR Dr. Hunter MD		23b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 11/9/83	
23c DEATH DUE TO COMMUNICABLE DISEASE NO		23d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a IMMEDIATE CAUSE Concussion of Brain		24b (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	
25 PART (a) DUE TO OR AS A CONSEQUENCE OF Concussion of Brain		25 PART (b) DUE TO OR AS A CONSEQUENCE OF	
25 PART (c) DUE TO OR AS A CONSEQUENCE OF		26 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause of death	
27a YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> WAS CASE REFERRED TO CORONER (Specify Yes or No)		27b INTERVAL BETWEEN ONSET AND DEATH 16 years	
27c YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> WAS CASE REFERRED TO CORONER (Specify Yes or No)		27d INTERVAL BETWEEN ONSET AND DEATH 16 years	
28a ACCIDENT, SUICIDE, HOMICIDE, OR FENDING INVEST NO		28b DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY 96 MAR 15 AM 11:38	
28c INJURY AT WORK (Specify Yes or No)		28d PLACE OF INJURY - At home, farm, street, factory, office (Specify)	
28e LOCATION EUREKA COUNTY, NEVADA		28f STREET OR R.F.D. NO REBATE AIL, RECORDER	
28g CITY OR TOWN STATE		28h STATE	



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FILE NO. 161722
 FEES \$9.00
 49216

By: *[Signature]*
 Deputy Registrar

Issued: DEC 03 1983
 This certificate is to certify that the above is a true and correct copy.
 It is illegal to alter or copy this document.

