

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS.
COUNTY OF EUREKA)

ELWOOD WRIGHT, being first duly sworn, deposes and says:

That he is the surviving joint tenant of the property described and granted in the following Deeds:

1. That certain Deed dated August 3, 1989, and recorded in Book 202 of Official Records, Page 319, File No. 129547, Office of the Eureka County Recorder, Eureka, Nevada, on September 8, 1989, wherein R. BRUCE RUDDLELL and HELEN G. RUDDLELL, husband and wife, are the Grantors, and FANNIE F. KOMP, a widow, and ELWOOD WRIGHT, an unmarried man, are the Grantees, as joint tenants with right of survivorship, of the following described real property situate in the County of Eureka, State of Nevada:

Lot 7, Block 33, of Crescent Valley Ranch & Farms Unit No. 1, as per map recorded in the Office of the County Recorder of Eureka County, Nevada, as File No. 34081. (APN 2-044-09)

TOGETHER with any and all buildings and improvements situate thereon.

SUBJECT to all prior reservations and restrictions of record, including a reservation of oil, gas and mineral rights reserved in a Deed recorded September 24, 1951, in Book 24 of Deeds, Page 168, Eureka County, Nevada.

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

-1-

ROSS P. EARDLEY
ATTORNEY AT LAW
469 IDAHO STREET
ELKO, NEVADA 89801

TELEPHONE (702) 738-4046 - FAX (702) 738-6286

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2. That certain Deed dated December 5, 1992, and recorded in Book 242 of Official Records, Page 543, File No. 143381, Office of the Eureka County Recorder, Eureka, Nevada, on December 10, 1992, wherein JOSEPH ETZKORN and MARIE ETZKORN, husband and wife, are the Grantors, and FANNIE F. KOMP, a widow, and ELWOOD WRIGHT, an unmarried man, are the Grantees, as joint tenants with right of survivorship, of the following described real property situate in the County of Eureka, State of Nevada:

Lot 2, Block 33, of Crescent Valley Ranch & Farms Unit No. 1, as per map recorded in the Office of the County Recorder of Eureka County, Nevada, as File No. 34081. (APN 2-044-03)

TOGETHER with any and all buildings and improvements situate thereon.

SUBJECT to all prior reservations, restrictions and easements of record.

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

That FANNIE F. KOMP, named as one of the Grantees in the above mentioned Deed, died on October 16, 1997, at Reno, Nevada, and is the same person as FANNIE F. KOMP named in the certified copy of the Certificate of Death attached hereto as Exhibit "A", which Exhibit is hereby referred to and incorporated herein as though set forth in full.

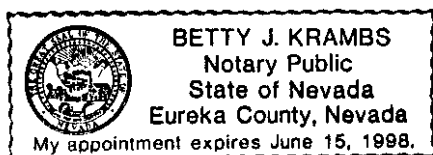
That by reason of the death of FANNIE F. KOMP, the title to the above described property is now vested in ELWOOD WRIGHT, as surviving joint tenant.

DATED: 16 January, 1998.

Elwood Wright
ELWOOD WRIGHT

STATE OF NEVADA)
COUNTY OF Eureka) : SS.

Signed and sworn to before me on 16 January, 1998, by
ELWOOD WRIGHT.



Betty J. Krambs
NOTARY PUBLIC

Address:
P.O. Box 211025
Crescent Valley, Nevada 89821

WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 92 IMAGE 93

LOCAL FILE NUMBER

2329

STATE FILE NUMBER

TYPE
OR PRINT
IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
HOSPITAL
SEE INSTRUCTIONS
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE OF
DEATH

DECEASED—NAME First Middle Last 1. Fannie E. KOMP		DATE OF DEATH (Month, Day, Year) 2. October 16, 1997		COUNTY OF DEATH 3a. Washoe
CITY, TOWN, OR LOCATION OF DEATH 3b. Reno		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Washoe Medical Center		if Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) 3d. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of hispanic Origin? Specify Yes or No if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 74	DATE OF BIRTH (Mo., Day, Yr.) 8. March 8, 1923
STATE OF BIRTH (if not U.S.A., name country) 9a. Mississippi		CITIZEN OR WHAT COUNTRY 9b. U.S.A.	Decedent's Education, Specify highest grade completed 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed
SOCIAL SECURITY NUMBER 13. 425-36-1957		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Store Owner		KIND OF BUSINESS OR INDUSTRY 14b. Groceries
RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Eureka	CITY, TOWN, OR LOCATION 15c. Crescent Valley	STREET AND NUMBER 15d. 722 Seventh St.	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes
FATHER—NAME First Middle Last 16. Warren		MOTHER—MAIDEN NAME First Middle Last 17.		
INFORMANT—NAME (Type or Print) 18a. Elwood Wright		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18c. P.O. Box 211025, Crescent Valley, Nevada 89821-1025		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Burns Memorial Garden		LOCATION City or Town State 19c. Elko Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a.		FUNERAL DIRECTOR LICENSE NUMBER 20b. 1	NAME AND ADDRESS OF FACILITY 20c. Ross, Burke & Knobel, 2155 Kietzke Lane, Reno, Nevada 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. 10-20-97		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) and manner stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b.		
HOUR OF DEATH 21c. 0242		HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. William O'Neill, M. D., 50 Kirman Ave., Reno, NV. 89502		PRONOUNCED DEAD (Hour) 22e. AT		
REGISTRAR 24a. (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. October 20, 1997		LICENSE NUMBER 23b. 4832
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac shock DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 26. No		
ACC., SUICIDE, HOMICIDE, UNDETERMINED, OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
INJURY AT WORK 28d.		PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 28e.	LOCATION 28f.	
		STREET OR R.F.D. No.	CITY OR TOWN	STATE



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

Deputy Registrar:

Pandi Bridges

Date: DEC 11 1997

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXN1011 A

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Ross P. Earley, atty
98 JAN 26 AM 8:48

EUREKA COUNTY, NEVADA
M.H. NEALEATI, RECORDER
FILE NO. FEES 11.00

169605

COPY

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