

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss
COUNTY OF CLARK)

CHARLES GRANT WALKER, being first duly sworn, deposes and says that he is over the age of 21 years and competent to be a witness as to the matters hereinafter stated, and makes this affidavit in his capacity as Executor of the Estate of **ELEANOR E. WALKER**, Deceased.

CHARLES GRANT WALKER and **ELEANOR E. WALKER**, husband and wife and **DENNIS WALKER**, a single man, are the named joint tenants in that certain deed recorded on or about April 21, 1998 in official records in the Office of the County Recorder of Eureka County, State of Nevada, wherein the below described property was conveyed by said instrument to **CHARLES GRANT WALKER** and **ELEANOR E. WALKER**, husband and wife and **DENNIS WALKER**, a single man, as joint tenants, to-wit:

See Exhibit "A" attached hereto and incorporated herein.
APN#

That **ELEANOR E. WALKER**, one of the grantees named as a joint tenant in said instrument, died on or about the 17th day of May, 2000 at Henderson, Nevada and was the identical person named as **ELEANOR E. WALKER**, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

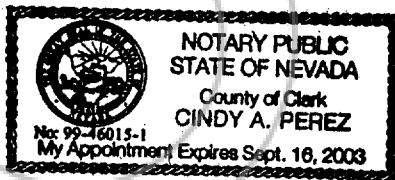
Charles Grant Walker

CHARLES GRANT WALKER, Executor

Subscribed and sworn to before me
this 7th day of June, 2000.

Cindy A. Perez

NOTARY PUBLIC in and for said



County and State
After recording return to:
Send Tax Statements to:
Charles Grant Walker
203 W. Pacific Ave.
Henderson, NV 89015

CA:\My Documents\Wills\Perez\AllTermJointTenancy2.doc

EXHIBIT "A"

LEGAL DESCRIPTION

The land referred to herein is situated in the State of Nevada, County of Eureka, described as follows:

A parcel of land located within the SE1/4SE1/4 of Section 9, TOWNSHIP 28 NORTH, RANGE 52 EAST, M.D.B.&M., Eureka County, Nevada, more particularly described as follows:

COMMENCING at the SE corner of said Section 9, thence North 564.09 feet along the East line of said Section 9 to Corner No. 1, the true point of beginning;

THENCE continuing North along the East line of said Section 9, 660.00 feet to Corner No. 2;

THENCE West 660.00 feet to Corner No. 3;

THENCE South 660.00 feet to Corner No. 4;

THENCE East 660 feet to Corner No. 1, the point of beginning, being the same as that Parcel as shown on that certain Parcel Map for FLOYD C. and CHARLENE S. SLAGOWSKI filed in the office of the County Recorder of Eureka County, State of Nevada on January 5, 1978, as File No. 64504.

TOGETHER WITH an easement for roadway and utility purposes being 60.00 feet in width and lying 30.00 feet on each side of the following described centerline, and being within the SE1/4SE1/4 of Section 9, TOWNSHIP 28 NORTH, RANGE 52 EAST, M.D.B.&M., Eureka County, Nevada, more particularly described as follows:

Beginning at Corner No. 1, a point on the Westerly line of the above-described parcel from which the SE corner of said Section 9 bears South 39°28'59" East, a distance of 1,037.98 feet;

THENCE North 56°00'33" West, 337.99 feet to Corner No. 2;

THENCE North 85°19'39" West 259.20 feet to Corner No. 3, the point of ending being a point on the Easterly Right-of-Way of Nevada State Route 20 and being South 85°19'39" East 100.00 feet of Engineers centerline station "A" 1,172+18.97.

EXCEPTING THEREFROM all rights to oil or mineral lying in and under said land as reserved by HENRY C. MERRICK in deed recorded October 29, 1952, in Book 24, Page 236, Deed Records, Eureka County Nevada.

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Eleanor Elizabeth WALKER		2. May 17, 2000	3a. Clark
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Henderson		3c. St Rose Dominican Hospital	3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc.	SEX
5. White		6. X	4. Female
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.
9a. Utah		9b. U.S.A.	10. 18
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY
13. [REDACTED]		14a. School Teacher / Retired	14b. Elementary Education
RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada		15b. Clark	15c. Henderson
15d. 203 W. Pacific Ave.		INSIDE CITY LIMITS (Specify Yes or No)	
15e. Yes			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. James Dennis Ryan		17. Aurelia Eleanor Shugrue	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Charles G. Walker - Husband		18b. 203 W. Pacific Ave. Henderson Nevada 89015	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Pine Valley Cemetery	
19c. Pine Valley, Nevada		LOCATION City or Town State	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 30	
NAME AND ADDRESS OF FACILITY		20c. 800 S. Boulder Hwy., Henderson, Nevada 89015	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		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: [Signature]		Signature and Title: [Signature]	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 5/19/00		22b. [Signature]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 6:00 PM		22c. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Nicholas Calica MD 108 Lake Mead Dr. Henderson Nevada 89014		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. MAY 22 2000	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) METASTATIC LIVER AND LUNG CANCER		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) UNKNOWN PRIMARY		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		Interval between onset and death	
LIVER GRANULOMAS WITH ASCITES, HEPATITIS C		AUTOPSY (Specify Yes or No)	
26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN STATE	

No.166101

STATE REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: [Signature]

Date Issued: MAY 26 2000

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223

Tax ID# 88-0151573

BOOK 335 PAGE 020

BOOK 335 PAGE 018
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Deanis Walker
00 JUN 15 PM 1:33

EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 10⁰⁰

174713

COPY

BOOK 335 PAGE 021