

APN: 005-500-06

RECORDED AT THE REQUEST OF:

Thaddeus Faeth
4515 South Durango Ave #2113
Las Vegas, NV 89147

BOOK *365* PAGE *153/154*
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Thaddeus Faeth
2003 SEP -8 AM 9:53

EUREKA COUNTY NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES *15.00*

182446

SPACE FOR RECORDER'S USE

AFFIDAVIT EVIDENCING TERMINATION OF JOINT TENANCY

The undersigned, being duly sworn, says:

I am the surviving joint tenant of Betty Illingworth, who died on 10/19/98

At the time of death, decedent was the owner in joint tenancy with me of the following described real property in the County of Eureka, State of Nevada:

Township 29 North, Range 49 East, Section 7: E2NW4

This Affidavit is made from my own knowledge, and I will testify positively to the truth of the same in any court whenever called upon for that purpose.

A certified copy of the Certificate of Death of decedent, is attached hereto..

Richard Illingworth
Richard Illingworth

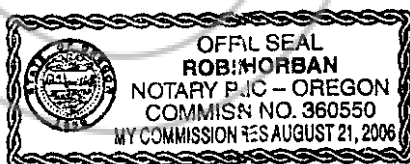
STATE OF Oregon }
COUNTY OF Josphine } ss

SUBSCRIBED AND SWORN:

before me on August 15, 2003

My commission expires 2/1/06

Robin Morban
Notary Public



STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY. NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-1 (REV. 7/87)

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED (GIVEN)		2. MIDDLE	
BETTY		PATIENCE	
3. LAST (FAMILY)		ILLINGWORTH	
4. DATE OF BIRTH MM/DD/CCYY		5. AGE YRS.	
01/05/1923		75	
6. SEX		7. DATE OF DEATH MM/DD/CCYY	
F		10/19/1998	
8. HOUR		0400	
9. STATE OF BIRTH		10. SOCIAL SECURITY NO.	
WI		[REDACTED]	
11. MILITARY SERVICE		12. MARITAL STATUS	
[REDACTED]		MARRIED	
13. EDUCATION—YEARS COMPLETED		14. RACE	
12		WHITE	
15. HISPANIC—SPECIFY		16. USUAL EMPLOYER	
[REDACTED]		CITY OF POMONA	
17. OCCUPATION		18. KIND OF BUSINESS	
PERSONNEL MANICIAN		CITY GOVERNMENT	
19. YEARS IN OCCUPATION		20. RESIDENCE—(1 AND NUMBER OR LOCATION)	
24		1020 SOLD CREEK ROAD	
21. CITY		22. COUNTY	
GRANTS PASS		JOSEPHINE	
23. ZIP CODE		24. YRS IN COUNTY	
97526		10	
25. STATE OR FOREIGN COUNTRY		26. NAME, RELATIF	
OR		RICHARD ILLINGWORTH/HUSBAND	
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP)		28. NAME OF SPOUSE—FIRST	
1020 SOLIDER CREEK ROAD, GRANTS PASS, OR 97526		RICHARD	
29. MIDDLE		30. LAST (MAIDEN NAME)	
YOUNG		ILLINGWORTH	
31. NAME OF FATHER		32. LAST	
ANDREW		PATIENCE	
33. MIDDLE		34. BIRTH STATE	
UNKNOWN		WI	
35. NAME OF MOTHER		36. BIRTH STATE	
HAZEL		WI	
37. LAST (MAIDEN)		38. BIRTH STATE	
FOX		WI	
39. DATE MM/DD/CCYY		40. PLACE OF FINAL DISPOSITION	
10/21/1998		RES: RICHARD ILLINGWORTH, 1020 SOLIDER CREEK ROAD, GRANTS PASS, OR 97526	
41. TYPE OF DISMISE		42. SIGNATURE OF ENBALMER	
CR/TR/RES		NOT ENBALMED	
43. LICENSE NO.		44. SIGNATURE OF LOCAL REGISTRAR	
NEPTUNE CITY-RIVERSIDE		FD-1307 [Signature]	
45. DATE MM/DD/CCYY		46. DATE MM/DD/CCYY	
10/20/1998		10/20/1998	
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY ONE:	
A RESIDENT		[REDACTED]	
103. FACILITY OTHER THAN HOSPITAL:		104. COUNTY	
[REDACTED]		SAN BERNARDINO	
105. STREET ADDRESS (STREET AND NUMBER OR LOCATION)		106. CITY	
6349 LONDENVUE		ALTA LOMA	
107. DEATH WAS DUE TO: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)		108. DEATH REPORTED TO CORONER	
IMMEDIATE CAUSE (ANDOMETRIAL CARCINOMA)		[REDACTED]	
DUE TO (B)		[REDACTED]	
DUE TO (C)		[REDACTED]	
DUE TO (D)		[REDACTED]	
109. BIOPSY PERFORMED		110. AUTOPSY PERFORMED	
[REDACTED]		[REDACTED]	
111. USED IN DETERMINING CAUSE		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107	
[REDACTED]		NONE	
113. WAS OPERATOR INFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.		114. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED BY THE DECEASED AND PLACE STATED BY THE DECEASED'S NEXT OF KIN.	
EXPLORATORY & HYSTERECTOMY 08/08/1997		07/01/1998 09/29/1998	
115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.	
[Signature]		A42574	
117. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP		118. DATE MM/DD/CCYY	
STANLEY KIM, M.D.		10/19/1998	
119. MANNER OF DEATH		120. INJURY AT WORK	
[REDACTED]		[REDACTED]	
121. INJURY DATE MM/DD/CCYY		122. HOUR	
[REDACTED]		[REDACTED]	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	
[REDACTED]		[REDACTED]	
125. LOCATION (S AND NUMBER OR LOCATION AND CITY, ZIP)		126. SIGNATURE OF CORONER OR DEPUTY CORONER	
[REDACTED]		[REDACTED]	
127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER	
[REDACTED]		[REDACTED]	
129. SIGNATURE OF REGISTRAR		130. DATE MM/DD/CCYY	
[Signature]		[REDACTED]	
131. TYPED NAME, TITLE OF REGISTRAR		132. DATE MM/DD/CCYY	
[REDACTED]		[REDACTED]	
133. TYPED NAME, TITLE OF REGISTRAR		134. DATE MM/DD/CCYY	
[REDACTED]		[REDACTED]	
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381. TYPED NAME,			