

APN: 002-043-09

WHEN RECORDED RETURN TO:

Wilson and Barrows, Ltd.
442 Court Street
Elko, Nevada 89801

MAIL TAX STATEMENTS TO:

Dennis L. Johnson
P.O. Box 211066
Crescent Valley, Nevada 89821

BOOK 372 PAGE 338-340
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Wilson and Barrows
2003 DEC 12 PM 1:59

EUREKA COUNTY, NEVADA
M.N. REALEATH RECORDER
FILE NO. 184623
FEES 16⁰⁰

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
) ss.
COUNTY OF ELKO.)

Dennis L. Johnson hereby solemnly swears, deposes, says under oath, and declares under penalties of perjury that the following assertions are true:

1. Affiant is a person who has knowledge of all of the facts hereinafter set forth:
2. Affiant is the surviving child of Vernal Gale Johnson, also known as Vernal G. Johnson, now deceased.
3. The aforesaid Vernal G. Johnson, one of the Grantees named in the Deed hereinafter described, died in the County of Eureka, State of Nevada, on October 18, 2003, and is the identical person named as Vernal Gale Johnson in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.
4. Dennis L. Johnson became a joint tenant with Vernal G. Johnson, as to the property, and in the conveyance hereinafter described:

Deed dated September 13, 2000, executed by Vernal G. Johnson and Dennis L. Johnson, Grantors, in favor of Vernal G. Johnson and Dennis L. Johnson, as

Grantees, recorded on September 19, 2000, in Book 337, Official Records, Page 20, Eureka County Recorder's Office, Eureka, Nevada, as File No. 175158, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

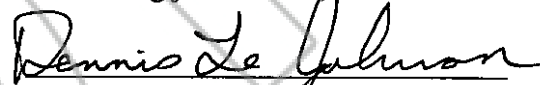
E1/2 of Lot 6, Block 24, Crescent Valley Ranches & Farms, Unit #1, as shown on the official map filed in the office of the County Recorder of Eureka County, Nevada, on April 6, 1959.

Together with all buildings and improvements thereon situate.

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

5. Vernal G. Johnson was survived by the following joint tenant, as to the above-described property: Dennis L. Johnson.

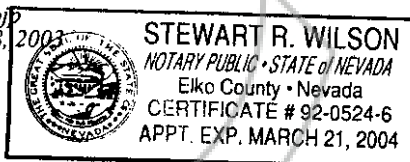
6. This Affidavit is made pursuant to NRS 40.525 and NRS 111.365 for the purpose of terminating the joint tenancy above described, and vesting all right, title and interest of the aforesaid deceased joint tenant solely in the aforesaid surviving joint tenant, all of record.


Dennis L. Johnson

Subscribed and sworn to before me
this 8th day of December, 2003, by
Dennis L. Johnson.


NOTARY PUBLIC

03120171.bjp
December 8, 2003



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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1. Vernal Gale JOHNSON		2. October 18, 2003	
	CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Crescent Valley		3a. Eureka	
	3c. 686 6th St.		3e. 6	
PARENTS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
	5. white		4. Male	
DISPOSITION	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
	6. No		8. March 25, 1935	
CERTIFIER	AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	7a. 68		11. Divorced	
CAUSE OF DEATH	CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
	9b. USA		12.	
STATE REGISTRAR	STATE OF BIRTH (If not U.S.A., name country)		KIND OF BUSINESS OR INDUSTRY	
	9a. South Dakota		14b. Construction	
CAUSE OF DEATH	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	
	13.		14a. Construction	
CAUSE OF DEATH	RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
	15a. Nevada		15c. Crescent Valley	
CAUSE OF DEATH	COUNTY		STREET AND NUMBER	
	15b. Eureka		15d. 686 6th St.	
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
	16. Oscar Johnson		17. Pearl Garlow	
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	18a. Dennis Johnson (Son)		18b. P.O. Box 211046 Crescent Valley, NV 89821	
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
	19a. Cremation		19b. Sunset Crematory	
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
	20a. [Signature]		19c. Elko Nevada	
CAUSE OF DEATH	FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803	
CAUSE OF DEATH	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)		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)	
	21b. DATE SIGNED (Mo., Day, Yr.)		22b. 11-03-03	
CAUSE OF DEATH	HOUR OF DEATH		22c. 21:21 Hrs	
	21c.		22d. ON 10-18-03	
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
	21d.		22e. AT 21:30 Hrs.	
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
	23a. Robert L. Cutler Deputy Coroner P.O. Box 736 Eureka, NV 89316		23b.	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	24a. [Signature]		24b. Nov. 3 2003	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
	PART I (a) Cardiac Arrest		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	(b) Respiratory Distress		Immediate	
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
	(c) Cancer		Interval between onset and death	
CAUSE OF DEATH	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		27. No	
CAUSE OF DEATH	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
	28a.		28b.	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
	28c.		28d.	
CAUSE OF DEATH	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
	28f.		28g.	
CAUSE OF DEATH	LOCATION.		STREET OR R.F.D. No.	
	28e.		CITY OR TOWN STATE	

STATE REGISTRAR

No.245402

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184623

Yvonne Sylva

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

Date Issued:

NOV 20 2003

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT