

APN: 07-394-07

WHEN RECORDED RETURN TO:

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

MAIL TAX STATEMENTS TO:

Betty J. Wellhouser
P.O. Box 7353
Helena, Montana 59604

03203182

BOOK 373 PAGE 184-186
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Stewart Title
2004 JAN -7 AM 11:08

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEES 41.00

184797

AFFIDAVIT TERMINATING JOINT TENANCY

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

Betty J. Wellhouser 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 spouse of James Wallace Wellhouser, also known as James Wellhouser, now deceased.

3. The aforesaid James Wellhouser, one of the Grantees named in the Deed hereinafter described, died in the City of Helena, County of Louis and Clark, State of Montana on June 20, 2002, and is the identical person named as James Wallace Wellhouser in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.

4. James Wellhouser became a joint tenant with Betty J. Wellhouser as to the property, and in the conveyance hereinafter described:

Deed dated October 4, 1989, executed by Earl A. Rasumssen and Lavernia C. Rasmussen, Trustees of the Rasmussen Trust, Grantors, in favor of James Wellhouser and Betty J. Wellhouser, as Grantees, recorded on December 8, 1989, in Book 206, Official Records, Page 191, Eureka County Recorder's Office, Eureka, Nevada, as File No. 130824, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

Parcel C of Lot 4 of Parcel D as shown in that certain Parcel Map for William and Lynda Salles, Recorded in the Official records of Eureka County, 11 April 1988, as Document Number 117612: a portion of the Large Division Map of the E. 1/2 S. 17, T. 20 N., R. 53 E., M.D.B.&M.

TOGETHER WITH all buildings and improvements situate thereon.

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

5. James Wellhouser was survived by the following joint tenant, as to the above-described property: Betty J. Wellhouser.

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.

Betty J. Wellhouser
BETTY J. WELLHOUSER

Subscribed and sworn to before me
this 30 day of December, 2003, by
Betty J. Wellhouser.

Susan A. Ellis
NOTARY PUBLIC

03120751.bjp
December 18, 2003

CERTIFICATION OF VITAL RECORD

STATE OF MONTANA

FORM C. C. 11 (1997 revision)

237
Local File Number

MONTANA
CERTIFICATE OF DEATH

2002 003788

State File Number

DECEDENT'S NAME (First)		(Middle)	(Last)	SEX	DATE OF DEATH (Month, Day, Year)
1. JAMES		WALLACE	WELLHOUSER	2. Male	3. June 20, 2002
RACE - American Indian, Black, White, etc. (Specify)		AGE - Last Birthday (Years)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Month, Day, Year)
4. White		5a. 66	5b. 66	5c. 66	6. May 4, 1936
7b. PLACE OF DEATH (Check only one)		7a. Lewis & Clark			
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
FACILITY NAME (If not institution, give street and number)		CITY, TOWN, OR LOCATION OF DEATH			
7. 3965 Woodridge Trail		7a. Helena			
BIRTHPLACE (City and State or Foreign Country)		MARITAL STATUS		SURVIVING SPOUSE (If wife, give maiden surname)	
8. Wallace, Idaho		9. <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced		10. Betty Jean Fisher	
SOCIAL SECURITY NUMBER		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)		KIND OF BUSINESS/INDUSTRY	
11. [REDACTED]		12a. Heavy Equipment		12b. Construction	
13. Yes		13. Yes			
RESIDENCE - STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET NUMBER	
14a. Montana		14b. Lewis & Clark	14c. Helena	14d. 3965 Woodridge Trail	
INSIDE CITY LIMITS? (Yes or No)		ZIP CODE	ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify)		18. DECEDENT'S EDUCATION (Specify only highest grade completed)
14e. No		14f. 59602	15. German		16. Elementary/Secondary (9-12) College (1-4 or 5+)
16. No		17. George Ernest Wellhouser		18. Georgie Mable Olsen	
FATHER'S NAME (First, Middle, Last)		MOTHER'S NAME (First, Middle, Maiden Surname)			
17. George Ernest Wellhouser		18. Georgie Mable Olsen			
INFORMANT'S NAME (Type or Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)			
19a. Betty J. Wellhouser		19b. 3965 Woodridge Trail Helena, Montana 59602			
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - City or Town, State	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		Sunset Memorial		20. Helena, Montana	
20a. Other (Specify)		20b. Gardens		20c. Helena, Montana	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION		MONTANA LICENSE NUMBER (of Licensee)		NAME AND ADDRESS OF FACILITY	
21a. [Signature]		21b. 438		21c. Hagler-Anderson Mortuary 650 No. Logan St. Helena, Montana 59601-	
22. Helena, Montana 59601-					
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side)					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Traumatic asphyxia		immediate	
Sequently list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) LAST		b. Traumatic chest compression		immediate	
		c. Entanglement under backhoe during starting		immediate	
		d. Backhoe accident		immediate	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		WAS AN AUTOPSY PERFORMED? (Yes or no)		24a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
		24b. No		24c. Yes	
26. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)	TIME OF INJURY	INJURY AT WORK? (Yes or no)	
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27a. 06/20/02	27b. 04:40P.	27c. No	
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
		27a. At Home		Decedent started backhoe: standing next to it & became entangled under it	
		27b. 3965 Woodridge Trail, Helena, MT			
		27c. 3965 Woodridge Trail, Helena, MT			
		27d. 3965 Woodridge Trail, Helena, MT			
		27e. 3965 Woodridge Trail, Helena, MT			
		27f. 3965 Woodridge Trail, Helena, MT			
		27g. 3965 Woodridge Trail, Helena, MT			
		27h. 3965 Woodridge Trail, Helena, MT			
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		27q. 3965 Woodridge Trail, Helena, MT			
		27r. 3965 Woodridge Trail, Helena, MT			
		27s. 3965 Woodridge Trail, Helena, MT			
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