

AFFIDAVIT TERMINATING JOINT TENANCY

BOOK 407 PAGE 201-202
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Marian Price
2005 MAR -1 PM 3:24

STATE OF NEVADA,)

County of)

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. **196396**
FEES 15.00

JOAN SHANGLE, being first duly sworn, deposes and says:

That Affiant was the niece of NORMAN JAMES MORRISON, one of the Grantees in that certain Deed, dated April 6, 1979, wherein NORMAN JAMES MORRISON was GRANTOR, and NORMAN JAMES MORRISON and JOAN SHANGLE, were GRANTEES, as joint tenants with right of survivorship, and not as tenants in common, conveying these certain lots, pieces, or parcels of land situate in the Town of Eureka, County of Eureka, State of Nevada, and more particularly described as follows:

E1/2 Lot 5, W1/2 Lot 7, All of Lots 6, 8, and 9 in Block 13

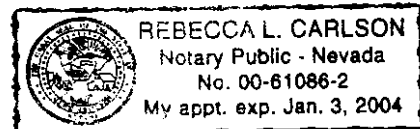
as described in said Deed recorded May 25, 1994, in Book, 269, Official Records, Page 401, File No. 152888, Eureka County Recorder's Office, Eureka, Nevada.

That the said NORMAN JAMES MORRISON one of the Grantees named in the aforesaid Deed, died in Eureka, Nevada on April 22, 1996, and is the identical person names as NORMAN JAMES MORRISON in that certain Certified Copy of the Certificate of Death marked as Exhibit "A" and attached hereto; that said Certified Copy of the Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

Joan Shangle
JOAN SHANGLE

Subscribed and sworn to before me this
7th day of August, 2002.

Rebecca L. Carlson
Notary Public



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

96 004047

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. Norman James MORRISON			2. April 22, 1996		
	CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3b. Eureka			3c. Spring and Silver Street		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)			Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White			6. 7a. 71		
	STATE OF BIRTH (If not U.S.A., name country)			CITIZEN OF WHAT COUNTRY		
	9a. Nevada			9b. U.S.A.		
	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		
PARENTS	13. [REDACTED]			14a. Electrician		
	RESIDENCE—STATE			COUNTY		
	15a. Nevada			15b. Eureka		
	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
DISPOSITION	16. James D. Morrison			17. Mayme Rogantini		
	INFORMANT—NAME (Type or Print)			MAILING ADDRESS		
	18a. Joan Shangle			18b. P.O. Box 100 Eureka, Nevada 89316		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
CERTIFIER	19a. Cremation			19b. Sunset Crematory		
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a. [Signature]			20b. 12		
	NAME AND ADDRESS OF FACILITY			Wilson-Bates Mortuary 19		
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.			22a. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
	21b. [Signature]			22b. 04/25/1996		
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		
CAUSE OF DEATH	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22c. 7:00 A.M.		
	23a. Kenneth E. Jones, Eureka County Coroner			22d. ON 04/22/1996		
	23b. P.O. Box 736 Eureka, Nevada 89316			22e. AT 11:14 A.M.		
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
CAUSE OF DEATH	24a. [Signature]			24b. 4-25-96		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	PART I (a) Myocardial Infarction			26. No		
	DUE TO, OR AS A CONSEQUENCE OF:			27. Yes		
CAUSE OF DEATH	PART II (b) [REDACTED]			28. No		
	DUE TO, OR AS A CONSEQUENCE OF:			29. Yes		
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			28. No		
	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo., Day, Yr.)		
CAUSE OF DEATH	28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED		
	28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
	28g. LOCATION			28h. STREET OR R.F.D. No.		
	28i. CITY OR TOWN			28j. STATE		



STATE REGISTRAR

No. 86917
BIRTH CERT.# 25-270

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

Date Issued: APR 23 2002

State Registrar

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