

APN: 04-370-24

WHEN RECORDED RETURN TO:

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

MAIL TAX STATEMENTS TO:

Barbara Johnson  
P.O. Box 552  
Carlin, NV 89822

BOOK *416* PAGE *89-91*  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
*Wilson & Barrows*  
2005 JUN 20 AM 10:58

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO. FEES *16.00*

**199585**

**AFFIDAVIT TERMINATING JOINT TENANCY**

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

Barbara 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 a surviving friend of Christine Healy, also known as Christine Elizabeth Healy, now deceased.
3. The aforesaid Christine Healy, one of the Grantees named in the Deed hereinafter described, died in the County of Eureka, State of Nevada, on May 11, 2005, and is the identical person named as Christine Healy in that Certificate of Death, duly certified, marked Exhibit A attached hereto, and incorporated into and made a part hereof by reference.
4. Christine Healy, who was a widow at the time, became a joint tenant with Affiant as to the property, and in the conveyance hereinafter described:

**WILSON AND BARROWS, LTD.**  
ATTORNEYS AT LAW  
442 Court St.  
ELKO, NEVADA 89801

Corrected Quitclaim Deed dated May 30, 2003, executed by Christine Healy, Grantor, in favor of Christine Healy and Barbara Johnson, Grantees, as joint tenants, recorded on May 30, 2003, in Book 361, Official Records, Page 396, Eureka County Recorder's Office, Eureka, Nevada, as File No. 181927, conveying that certain real property situate in the County of Eureka, State of Nevada, and more particularly described as follows:

Township 32 North, Range 51 East, MDB&M

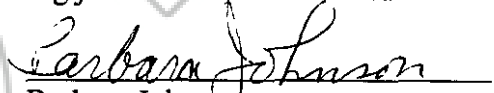
Section 28: SE1/4 SW1/4; S1/2NE1/4SW1/4 containing 60 acres.

(This deed was recorded to correct the legal description in a deed recorded in Book 348, Page 442, File Number 178424 on August 6, 2002.)

TOGETHER WITH improvements thereon situate.

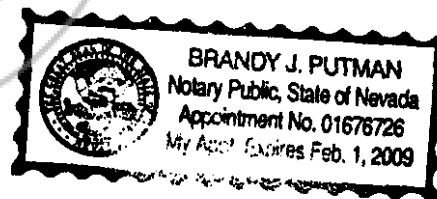
TOGETHER WITH the tenements, hereditaments and appurtenances thereunto appertaining, the reversion and reversions, remainder and remainders, rents, issues and profits thereof. Also Permit # 6487, Certificate 1200.

5. 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.

  
Barbara Johnson

Subscribed and sworn to before me  
this 15<sup>th</sup> day of June, 2005, by  
Barbara Johnson.

  
NOTARY PUBLIC



05060594.bjp  
June 14, 2005

WILSON AND BARROWS, LTD.  
ATTORNEYS AT LAW  
442 Court St.  
ELKO, NEVADA 89801

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BOOK 416 PAGE 090

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**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**

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Christine Elizabeth HEALY		2. May 11, 2005		3a. Eureka			
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)		SEX	
3b. Rural of Carlin		3c. Two Hill Canyon		3e. 6		4. Female	
5. American Indian		6. No		7a. 60		8. July 16, 1944	
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.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Washington		9b. USA		10. 12		11. Widowed	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Homemaker		14b. Own Home		12.	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Eureka		15c. Rural of Carlin		15d. Two Hill Canyon	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME		MOTHER—MAIDEN NAME		15e. No	
		16. Ernest Watts		17. Ellen Kernel			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Barbara Johnson (Friend)		18b. P.O. Box 552 Carlin, Nevada 89822					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. Cremation		19b. Sunset Crematory		19c. Elko Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		07 89803	
20a. [Signature]		20b. 7		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. [Signature]		21b. [Signature]		21c. [Signature]		21d. [Signature]	
22a. To 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.		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. ON 05-11-05	
22a. [Signature]		22b. 05-19-05		22c. 1200 Hours		22d. AT 1304 Hours	
22e. PRONOUNCED DEAD (Mo., Day, Yr.)		22f. PRONOUNCED DEAD (Hour)		22g. ON 05-11-05		22h. AT 1304 Hours	
22e. [Signature]		22f. [Signature]		22g. [Signature]		22h. [Signature]	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		23b. LICENSE NUMBER					
23a. Robert L. Cutler P.O. Box 736 Eureka, NV 89316		23b. [Blank]					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. May 19 2005		24c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death	
PART I (a) Myocardial Infarction (Acute)		DUE TO, OR AS A CONSEQUENCE OF:				: Immediate	
(b)		DUE TO, OR AS A CONSEQUENCE OF:				: Interval between onset and death	
(c)		DUE TO, OR AS A CONSEQUENCE OF:				: Interval between onset and 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)		28. No		27. No	
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. Natural		28b. 05-11-05		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. No		28f. Healy residence (Barth)		28g. Healy residence (Barth)		Eureka Nevada	

STATE REGISTRAR

No. 287524

66748

CERTIFIED COPY OF VITAL RECORDS

199585

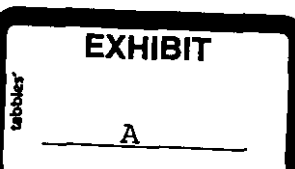
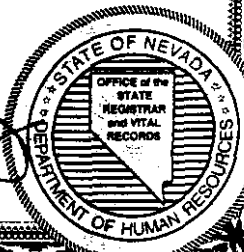
EXHIBIT

of the document officially registered and  
the Registrar and Vital Records.

JUN - 1 2005

ed on enclosed border displaying date, seal and signature of Registrar.

STATE REGISTRAR



[Signature]

ALTERATION OR ERASURE VOIDS THIS CERTIFICATE