



0211640

Affidavit-Termination of Joint Tenancy (Death of a Joint Tenant)

ASSESSOR'S PARCEL NO. (APN#): 005-080-39

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: DONALD J. BANTA

Address: 565 VISTA GRANDE DR.

City/State/Zip: COLORADO SPRINGS, CO 80906

I, DONALD J. BANTA, the Affiant, being of legal age, and being first duly sworn, deposes and says:
That LILLIAN PEARL BANTA, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as LILLIAN P. BANTA
(Deceased Name as shown on Deed)

named as one of the parties in that certain DEED
(Type of Document)

dated on the 30TH day of OCTOBER, 1991, and executed by BILLIE D. WALSH & FLORENCE WALSH, known as "Grantor(s)" to STANLEY T. BANTA & LILLIAN P. BANTA, known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 38452, on the 30TH day of OCTOBER, 1991, in book 228, pg. 131, of Official Records of EUREKA County, Nevada, covering the following described property situated in the City of CRESCENT VALLEY, County of EUREKA, State of Nevada.
(Set forth legal description and commonly known street address, if known)

T31N, R49E SEC. 14 NW4 NE4

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ 1,000.00.

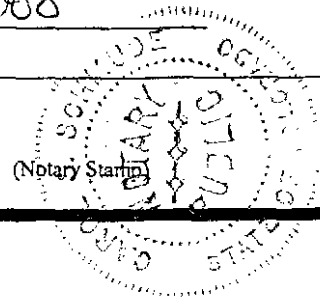
In witness Whereof, I/We have hereunto set my hand/our hands this 4 day of FEB, 2008

Donald J. Banta
(Signature) _____ (Signature)
DONALD J. BANTA
(Print or type name here) _____ (Print or type name here)

STATE OF NEVADA Colorado)
COUNTY OF EUREKA EUREKA)
This instrument was acknowledged before me on (date) 4 February 2008

By (person(s) appearing before notary public) DONALD J. BANTA

Carol S. Schmude NOTARY PUBLIC
(Notary Public) Legal Assistance
My Commission expires: 24 June 2009 Fort Carson, CO 80913



WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS

Reno, Nevada

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ROLL 108 IMAGE 723

LOCAL FILE NUMBER

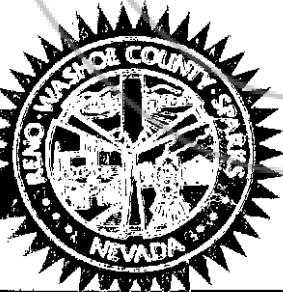
2672

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH		
	1. Lillian Pearl BANTA			2. October 23, 2002		3a. Washoe		
DECEDENT	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		If Hosp. or Inst. Indicate DOA, OPI/Emar. Rm. Inpatient (Specify)		
	3b. Reno			3c. Manor Care Health Services		3d. Inpatient		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birth Day (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
	5. White		6.		7a. 82		8. March 20, 1920	
PARENTS	STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
	9a. Mississippi		9b. U.S.A.		10. 14		11. Married	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
	13. [REDACTED]		14a. Administrative Assistant		14b. Federal Government			
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Washoe		15c. Reno		15d. 14315 Riata Circle	
CAUSE OF DEATH	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last				
	18. Charles Thomas			17. Ella Williams				
CAUSE OF DEATH	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
	18a. Betty Reed			18b. 14315 Riata Circle, Reno, Nevada 89511				
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
	19a. Cremation		19b. Sierra Crematory		19c. Reno Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting in Place)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
	20a. [Signature]		20b. 617		20c. 2155 Kietzke Lane, Reno, Nevada 89502			
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) [Signature]				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) [Signature]			
	DATE SIGNED (Mo., Day, Yr.) 10/27/02 HOUR OF DEATH 0740				DATE SIGNED (Mo., Day, Yr.) [Blank] HOUR OF DEATH [Blank]			
CAUSE OF DEATH	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b. PRONOUNCED DEAD (Mo., Day, Yr.)			
	21d. [Blank]				22d. ON [Blank] AT [Blank]			
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)						LICENSE NUMBER	
	23a. Steven Phillips, MD 50 Kirman # 205 Reno NV 89502						23c. 6596	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	24a. (Signature) [Signature]		24b. October 29, 2002		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							Interval between onset and death
	PART I (a) Renal Failure							: months
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
	(b) Congestive Heart Failure							: Years
CAUSE OF DEATH	DUE TO, OR AS A CONSEQUENCE OF:							Interval between onset and death
	(c) Diabetes							: Years
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, HON. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	28a. [Blank]		28b. [Blank]		28c. [Blank]		28d. [Blank]	
CAUSE OF DEATH	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	
	29a. [Blank]		29b. [Blank]		29c. [Blank]		29d. [Blank]	

STATE REGISTRAR

No.254288



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

Mary A. Anderson

AUG 01 2003

Depr

Date:



0211640

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