



When recorded return to:
Marvel & Kump, Ltd.
PO Box 2645
Elko, NV 89801
Mail Tax Statements to:
Mrs. P.J. Benet-Davis
P.O. Box 1138
Alturas, CA 96101
APN- 001-194-05

AFFIDAVIT TERMINATING JOINT TENANCY

P.J. BENET-DAVIS ("Affiant"), being first duly sworn according to law, deposes and says:

1. That Affiant is the daughter of **JACK SCOTT BURNETT**, deceased, hereinafter referred to as "Decedent," and the surviving joint tenant in and to the property hereafter described.

2. That Affiant, **P. J. BENET-DAVIS**, and **JACK SCOTT BURNETT**, Decedent, acquired the following described property as joint tenants with right of survivorship and not at tenants in common by that certain Joint Tenancy Deed dated March 13, 2009, and recorded in Book 486 of Official Records at Page 63, as Document No. 0213178, in the Office of the County Recorder, Eureka County, Nevada, said property being located in the County of Eureka, State of Nevada, and more particularly described as follows, to-wit:

Parcel No. 1, as shown on that certain Parcel Map for Jack Scott Burnett, filed in the Office of the County Recorder of Eureka County, State of Nevada, on June 20, 1990, as file No. 132576, being a portion of Section 24, Township 19 North, Range 53 East, MDB&M.

TOGETHER WITH any and all buildings and improvement situate thereon.

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

3. That **JACK SCOTT BURNETT**, being one of the persons described in the foregoing Joint Tenancy Deed as a grantee and joint tenant, died in the County of Washoe, State of Nevada, on the 16th day of September, 2010. That a certified copy of the death certificate of said Decedent is attached to this Affidavit and made a part hereof.

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

2010014016
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jack Scott BURNETT		2. DATE OF DEATH (Mo/Day/Year) September 16, 2010		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Renown Regional Medical Center		3e. If Hosp or Inst indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 12, 1914		9a. STATE OF BIRTH (if not U.S.A., name country) Ohio		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Aircraft Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER Route 2		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16 FATHER - NAME (First Middle Last Suffix) BURNETT			17 MOTHER - NAME (First Middle Last Suffix) Phoebe Adelaide SCOTT		
18a. INFORMANT - NAME (Type or Print) PJ BENET-DAVIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 1138 Alturas, California 96101			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME The Gardens		19c. LOCATION City or Town State Fallon Nevada 89406	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUAZZINI <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [REDACTED]			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) stated. (Signature & Title) PIOTR KUBICZEK M.D. <i>SIGNATURE AUTHENTICATED</i>		
21b. DATE SIGNED (Mo/Day/Yr) September 21, 2010		21c. HOUR OF DEATH 16:36		22b. DATE SIGNED (Mo/Day/Yr) September 21, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 16:36		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 16, 2010	
22e. PRONOUNCED DEAD AT (Hour) 16:36		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Piotr Kubiczek M.D. 10 Kirman Ave Reno, NV 89520			
23b. LICENSE NUMBER 11610				24a. REGISTRAR (Signature) BRIDGES SANDI <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 21, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Arteriosclerotic Cardiovascular Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
(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	
(d) DUE TO, OR AS A CONSEQUENCE OF.				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
Left Hip Fracture Due to Ground Level Fall				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC, SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) September 06, 2010		28c. HOUR OF INJURY 1712	
28d. DESCRIBE HOW INJURY OCCURRED Ground level fall					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 131 Richmond St. Eureka Nevada	

STATE REGISTRAR

3557235

0215974 Book 509 11/18/2010
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CERTIFIED COPY OF VITAL RECORDS

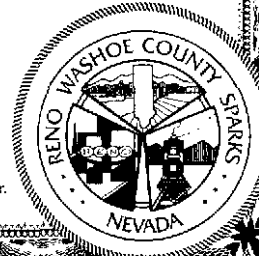
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DEPUTY REGISTRAR

Mary A. Anderson

DATE ISSUED:
PBNCO (Rev) 12/09

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE