

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 :SS
COUNTY OF WASHOE)

I, being duly sworn, deposes and says:

1. That I, Kenneth Suess, am a Vice-President of Valley Bank of Nevada, the Ancillary Administrator In The Matter of the Estate of Ruth T. Williams, Case No. 18653, Dept. I, pending in the Ninth Judicial District Court of Nevada, In and For the County of Douglas.

2. That the said Ruth T. Williams died on the 5th day of January, 1987, in Salt Lake City, Salt Lake County, Utah; that an original of the State of Utah's Department of Health's Certificate of Death concerning Ruth T. Williams is attached hereto as Exhibit "A" and made a part hereof by reference.

3. That the said Ruth T. Williams was married to James David Williams, also known as James D. Williams, deceased; that during their lifetimes the said James D. Williams and Ruth T. Williams took title to certain real property situated in the County of Douglas, State of Nevada; that attached hereto as Exhibit "B" and made a part hereof by reference is a copy of the December 1, 1975 Deed by and between Louis L. Grabil and Chrystal L. Grabil and H. E. Brunson and Laura Brunson as sellers to James D. Williams and Ruth T. Williams, buyers, as joint tenants with right of survivorship and not as tenants in common; that said deed was recorded on December 26, 1975, in the official records of Douglas County, Nevada, Document 86391, in Book 1275, Page 1067; that said real property is specifically described in the

✓
LAW OFFICES
NOEL E. MANOUKIAN, LTD.
1466 HWY. 395
P.O. BOX 1776
GARDNERVILLE,
NEVADA 89410-1776
(702) 782-9747 or 883-3299
588-4751

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attached Deed.

4. That on the 25th day of October, 1984, the said James D. Williams died in the City of Salt Lake, County of Salt Lake, Utah; that attached hereto as Exhibit "C" and made a part hereof by reference is an original of the State of Utah's Department of Health's Certificate of Death concerning James D. Williams.

5. That, pursuant to NRS 40.525(4), the joint tenancy by and between James D. Williams and Ruth T. Williams is terminated as a result of the death of James D. Williams.

6. That, pursuant to law, your affiant signs this Affidavit and records the same in the place and stead of Ruth T. Williams, deceased, as the lawful representative of the Estate of Ruth T. Williams, above mentioned.

Affiant further sayeth not.



KENNETH SUESS, Vice-President,
Valley Bank of Nevada,
Ancillary Administrator

SUBSCRIBED AND SWORN to before me this 6th day of July,
1988.



Notary Public, State of Nevada



STATE OF UTAH

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 18-112		STATE OF UTAH - DEPARTMENT OF HEALTH		STATE FILE NUMBER	
NAME OF DECEDENT Ruth Theodora Hove WILLIAMS		SEX Female	RACE (White, Black, Am. Indian, etc.) White		DATE OF DEATH (Month, Day, Year) January 5, 1987
WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		DATE OF BIRTH (Month, Day, Year) November 13, 1904		AGE (Last Birthday) 82 Yrs.	IF UNDER 1 year Months: Days: Hours: Minutes:
BIRTHPLACE (State or foreign country) North Dakota		CITIZEN of what country USA		EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 17+	
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		KIND OF BUSINESS OR INDUSTRY University		SOCIAL SECURITY NUMBER -2453	
NAME OF FATHER Knute Hove		MAIDEN NAME OF MOTHER Stena Wenjun		Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
USUAL RESIDENCE—(Street address or location) 130 South 5th East Street		INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Marlene Swensen 1st Security Bank - 1st South PO Box 30007 Salt Lake City, Utah		
CITY OR TOWN Salt Lake City		COUNTY Salt Lake	STATE AND ZIP CODE Utah 84102		
NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) St. Josephs Villa		<input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> E.D. patient <input type="checkbox"/> DOA	CITY OR TOWN Salt Lake City	COUNTY Salt Lake	
MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at: HOUR: DATE: 4 year 87		PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>[Signature]</i>		TIME of death (24 hr. clock) 1240	
PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on month: 1 day: 4 year: 87		CERTIFIER'S name and title (Type or print) Dr. Victor Kassel M.D.		DATE SIGNED (Month, Day, Year) 1-9-87	
If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported. M.E. Case No.		CERTIFIER'S address and zip code #60 South 4th East Street Salt Lake City, Utah 84111		UTAH PHYSICIAN LICENSE NUMBER 2584	
Burial <input type="checkbox"/> Removal <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Cremation <input checked="" type="checkbox"/>		SIGNATURE of Funeral Director <i>[Signature]</i>		FUNERAL HOME—Name, address and license number Larkin Mortuary Salt Lake City, Utah 84111	
DATE Jan 10, 1987		LOCAL REGISTRAR—Signature <i>[Signature]</i>		Date accepted for registration by local registrar Jan. 10, 1987	
NAME AND LOCATION OF CEMETERY OR CREMATORY Larkin Sunset Lawn-Salt Lake City, Utah		LOCAL REGISTRAR—Signature		Date accepted for registration by local registrar	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line for A, B and C)		Interval between onset and death			
(A) acute Cardiac Stand Still		minutes			
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		Interval between onset and death			
(B) Chronic Heart Failure		day			
(C) arteriosclerotic Heart Disease		Interval between onset and death			
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. Chronic Bronchitis		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
32. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> Accidentally or Purposely <input type="checkbox"/>		DATE of Injury (Month, Day, Year)		TIME OF INJURY (24 Hour Clock)	
33a.		33b.		34. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)		36b. Distance from place of injury to usual residence (Item 18) Miles		37. Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
38. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		39. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		40. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.	
40. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)					

SDH-BHS 95 (4-85)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JAN 12 1987**

County: **SALT LAKE**

Registrar: *[Signature]*

[Signature]
John E. Brockert
DIRECTOR OF VITAL STATISTICS

By *[Signature]* **May Lee J. Mackay** Em



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DEED

This indenture, made this first day of December, 1975, by and between Louis L. Grabil and Chrystal L. Grabil, his wife, residing at Avila Beach, California, and H.E. Brunson and Laura Brunson, his wife, residing at Baytown, Texas, PARTIES OF THE FIRST PART, and James D. Williams and Ruth T. Williams, his wife, residing at Salt Lake City, Utah, as joint tenants with right of survivorship and not tenants in common, dba. Lion Hill Mines, PARTIES OF THE SECOND PART.

WITNESSETH

That the PARTIES OF THE FIRST PART, for and in consideration of the sum of Fifty Thousand (\$50,000) dollars in hand to them paid by the PARTIES OF THE SECOND PART, the receipt of which is hereby acknowledged, do by these presents grant, bargain and sell unto the PARTIES OF THE SECOND PART, their heirs and assigns forever, all those certain patented mining claims situate, lying and being in the County of Douglas, State of Nevada, and being more particularly described as follows, to wit:

<u>Name of Patented Mining Claim</u>	<u>Survey Number</u>	<u>Patent Number</u>
Buckskin	3810	327792
Eava (Eva)	3810	327792
Red Top	3810	327792
Red Top No. 1	3810	327792
Red Top No. 2	3810	327792
Red Top No. 3	3810	327792
Red Top Fraction	3610	327792

Said Patented Lode Mining Claims are situate in Section 13, Township 13 North, Range 23 East, and Section 18, Township 13 North, Range 24 East, Mt. Diablo Meridian, Douglas County, Nevada, and reference is hereby made to the recorded patents of seven said patented mining claims recorded in Volume 2 of Patents, at pages 346 to 351, inclusive, of the official records of the County recorder, Douglas County, Nevada, for a more detailed description thereof.

Together with all and singular the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining, and the reversion and reversions, remainder or remainders, rents, issues and profits thereof.

To have and to hold all and singular the premises together with the appurtenances, unto the PARTIES OF THE SECOND PART, and to their heirs and assigns forever. **181536**
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In witness whereof the PARTIES OF THE FIRST PART have hereunto set their hands the day and the year first above written.

PARTIES OF THE FIRST PART:

[Signature]
Louis L. Grabil


[Signature]
Chrystal L. Grabil

[Signature]
H.E. Brunson

[Signature]
Laura Brunson

State of California)
) : ss
County of Santa Barbara)


On this 21st day of December, 1975, personally appeared before me, Louis L. Grabil and Chrystal L. Grabil, his wife, who, being by me duly sworn, did acknowledge that the within and foregoing deed was executed by them.

 MARION L. BREDEEN
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SANTA BARBARA COUNTY
My Commission Expires April 29, 1979
My commission expires: 12-22-1977

[Signature]
Notary Public
Residing at 155 W. 1st St.
Santa Barbara, CA 93101

State of Texas)
) : ss
County of Harris)

On this 9th day of December, 1975, personally appeared before me, H.E. Brunson and Laura Brunson, his wife, who being by me duly sworn, did acknowledge that the within and foregoing deed was executed by them.

 My commission expires:
12-1-77

[Signature]
Notary Public
Residing at 310 W. STERLING
RAYFORD, TEXAS

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BOOK 1275 PAGE 1055

STATE OF UTAH—DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

145 84 007769

LOCAL FILE NUMBER **18-3638**

STATE FILE NUMBER

1. NAME OF DECEDENT James David WILLIAMS		2. SEX Male	3. RACE (White, Black, Am. Indian, etc.) Caucasian	4. DATE OF DEATH (Month, Day, Year) October 25, 1984
5. WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> (If other, specify)		6. DATE OF BIRTH (Month, Day, Year) January 26, 1910	7. AGE (Last Birthday) 74 Yrs.	IF UNDER 1 year Months: Days: Hours: Minutes:
8. BIRTHPLACE (State or foreign country) Canada	9. CITIZEN of what country U.S.A.	10. <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	11. EDUCATION—(Specify only highest grade completed) Elementary or Secondary (0-12) College (13-16 or 17+) 16	12. SOCIAL SECURITY NUMBER -3715
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Chemical Engineer	13b. KIND OF BUSINESS OR INDUSTRY Mining	14. NAME of surviving spouse (if, wife, enter maiden name.) Ruth Hove		
15. NAME OF FATHER James David Williams		16. MAIDEN NAME OF MOTHER Katherina (maiden name not known)		17. Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18a. USUAL RESIDENCE—(Street address or location) 130 South 500 East Street, # 310		18b. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Ruth H. Williams (wife) 130 South 500 East Street, #310 Salt Lake City, Utah 84102	
19a. CITY OR TOWN Salt Lake City	19b. COUNTY Salt Lake	19c. STATE AND ZIP CODE Utah 84102	19d. Salt Lake City, Utah 84102	
20a. NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) L D S Hospital		<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> E.D. patient <input type="checkbox"/> DOA	20b. CITY OR TOWN Salt Lake City, Utah	20c. COUNTY Salt Lake
21a. MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at: HOUR: DATE: 24 84		21b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Richard Blannon</i>		21c. TIME of death (24 hr. clock) 1615
21d. PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I last saw the decedent alive on: month 10 day 24 year 84		21e. CERTIFIER'S name and title (Type or print) Richard Blannon M.D.		21f. DATE SIGNED (Month, Day, Year) 10-26-84
22. HOUR: NO. DAY YEAR		21g. CERTIFIER'S address and zip code 333 S 9th East		21h. UTAH PHYSICIAN LICENSE NUMBER 4574
<input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Other	23a. DATE Oct. 27, 1984	23b. SIGNATURE of Funeral Director <i>Keith Perkins</i>		23c. FUNERAL HOME—Name, address and license number LARKIN SUNSET LAWN, 2350 E. 1300 So. Salt Lake City, Utah 84108
24. NAME AND LOCATION OF CEMETERY OR CREMATORY LARKIN SUNSET LAWN Salt Lake City, Utah		25. LOCAL REGISTRAR—Signature <i>David Blannon</i> Date accepted for registration by local registrar October 26, 1984		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (Enter only one cause per line for A, B and C)				Interval between onset and death
(A) Sepsis with Cardiac Arrest				
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B), STATING THE UNDERLYING CAUSE LAST.				Interval between onset and death
(B) Urinary Tract Infection				
(C) Probable Atherosclerotic Heart Disease				Interval between onset and death
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.				IF YES, were findings considered in determining cause of death?
(A) Chronic Obstructive Pulmonary Disease Asthma				31a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
32. Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>		33a. DATE of Injury (Month, Day, Year)		33b. TIME OF INJURY (24 Hour Clock)
32. Pending Investigation <input type="checkbox"/> Undetermined if Injured <input type="checkbox"/> Accidentally or Purposely <input type="checkbox"/>		33a.		33b.
34. INJURY AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/>		35. PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)		
35a. LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		35b. Distance from place of injury to usual residence (Item 18)	36. Were laboratory tests done for drugs or toxic chemicals?	37. Were laboratory tests done for alcohol?
35a.		35b.	36. YES <input type="checkbox"/> NO <input type="checkbox"/>	37. YES <input type="checkbox"/> NO <input type="checkbox"/>
38. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 29)				39. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.
38.				39.

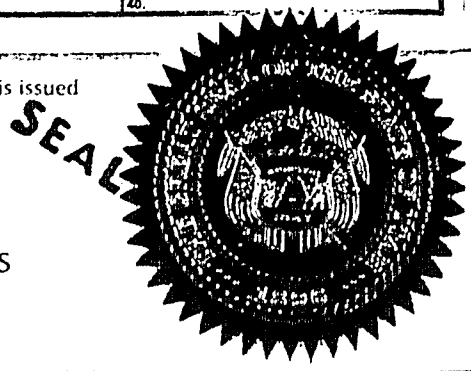
SDH-BHS 94 (4-87)

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Date Issued:

JUN 29 1988

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS



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COPY

REQUESTED BY

Noel E. Tranoukian

IN OFFICIAL RECORDS OF
CLAYTON COUNTY, NEVADA

'88 JUL -6 A9:57

JEANNE BEAUDREAU
RECORDER

\$12¹⁰ PAID *JL* DEPUTY

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