

AFFIDAVIT OF TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
) : ss
COUNTY OF HUMBOLDT)

APN: 04-401-46

ROBERT R. HUMPHREY, being first duly sworn, deposes and says:

1. That Affiant is the surviving joint tenant of ELIZABETH R. HUMPHREY, deceased, in certain real property described herein, Affiant is the surviving spouse of ELIZABETH R. HUMPHREY, deceased.

2. That decedent died on April 23, 1996, in the County of Humboldt, State of Nevada; that a certificate of death, certified to by the Division of Vital Statistics of the Nevada State Department of Health, at Carson City, Nevada, is attached hereto and made a part hereof by reference.

3. That the aforesaid decedent, during decedent's lifetime acquired with Affiant as joint tenants with full right of survivorship, certain property located in the County of Humboldt, State of Nevada as follows, to wit:

Township 42 North, Range 40 East, M.D.B.&M., Section 28: S 1/2 SE 1/4 NE 1/4; S 1/2 N 1/2 SE 1/4 NE 1/4, Containing 30 acres, more or less

TOGETHER WITH the right to divert 58.68 acre feet of water fro Martin Creek through the Garden Ditch for the irrigation of 16.3 acres of the above described land, as allotted to Wm. Stock Farming Co. in Proof No. 0676 in the Decree of the District Court of the Sixth Judicial District of the State of Nevada in and for the County of Humboldt, Action No. 3157, entitled "In The Matter Of The Determination Of The Relative Rights In And To The Waters Of The Little Humboldt River And Its Tributaries In Humboldt And Elko Counties".

4. That the said joint tenancy ownership above-described existed at the time of death of said decedent, and by reason thereof, Affiant declares that Affiant is the sole surviving joint tenant, and by reason thereof, has become the sole owner of the above-described property.

Robert R. Humphrey
ROBERT R. HUMPHREY

SUBSCRIBED AND SWORN to before me, a Notary Public, this 1 day of May 2001.



Sharon H. Smith
Notary Public

HUMBOLDT CO, NV, MARY ANN HANNOHD - RECORDER* BY: BULLOCK LAW OFFICES
DATE: 05/03/2001 TIME: 01:16 PAGE #: 0001 OF 0002 DCUF#: 2001 1427

48.07

MAIL TO: ROBERT HUMPHREY
P.O. Box 49
PARADISE VALLEY, NV 89426

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

RECORDERS MEMO: Legibility of writing, typing or printing UNSATISFACTORY in this document when received

HUMBOLDT CO., NV, MARY ANN HAMMOND - RECORDER* BY: BULLOCK LAW OFFICES
DATE: 05/03/2001 TIME: 01:16 PAGE #: 0002 OF 0002 DOC#: 2001 1427

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		Elizabeth Ruth HUMPHREY		April 23, 1996		3a Humboldt	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SEX	
3b Paradise Valley		3c Residence		11 Married		4 Female	
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 Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5 White		6 No		7a 71		8 August 23, 1924	
STATE OF BIRTH (If not U.S.A. name country)		COUNTRY OF WHAT COUNTRY		DECEDENT'S EDUCATION. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a Michigan		9b U.S.A.		10 12		11 Married	
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]-4140		14a Banker		14b Banking		16 Robert Humphrey	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a Nevada		15b Humboldt		15c Paradise Valley		15d Reinhart Ranch	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e No	
		16 George Griffin		17 Irene Smith			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a Robert Humphrey		18b P.O. Box-49 Paradise Valley, Nevada 89426					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
9a Cremation		19b Fitzhenrys Crematory		19c Carson City, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a [Signature]		20b 44		20c Albertson Funeral Home - Winnemucca, Nevada 89445			
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		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) as hereinafter stated	
21a [Signature]		21b April 23, 1996		21c		22a [Signature]	
21d NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22b April 23, 1996		22c		22b PRONOUNCED DEAD (Mo., Day, Yr.)	
23a Teri Greene Humboldt Co. Dep. Coroner, Winnemucca, Nevada		22b		22c		22b AT 10:50 P.M.	
23b LICENSE NUMBER		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
		24a [Signature]		24b April 24, 1996		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART (a)		PART (b)		PART (c)	
		(a) Metastatic Lung Cancer		(b)		(c)	
		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26 No		27 Yes			
ACC., SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a		28b		28c		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		28f		28g			

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

By:

Gyonne Syle No. 90830

Deputy Registrar

Date issued: MAY - 2



WARNING IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT