

AFFIDAVIT TERMINATING JOINT TENANCY

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STATE OF NEVADA,)
) SS,
COUNTY OF LINCOLN)

LILLIAN BICKNELL, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters herein stated.

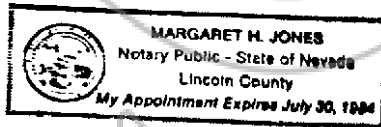
That affiant is LILLIAN BICKNELL, the person named as LILLIAN BICKNELL, as one of the grantees in that certain deed recorded August 21, 1978, as Document No. 62489 in Book 26, page 496 of Real Estate Deeds in the Office of the County Recorder of Lincoln County, State of Nevada.

That CLIFFORD BICKNELL was one of the grantees named in said deed and was the identical person named as CLIFFORD BICKNELL the decedant, in the certain Death Certificate, certified copy which is annexed hereto and made a part hereof.

Lillian Bicknell
LILLIAN BICKNELL

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

On this 18th day of August, 1980 personally appeared before me, a Notary Public in and for said Lincoln County, LILLIAN BICKNELL known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that s he executed the same freely and voluntarily and for the uses and purposes therein mentioned.
WITNESS my hand and official seal.



Margaret H. Jones
NOTARY PUBLIC

No. 69446
FILED AND RECORDED AT REQUEST OF
Joba McGimsey
AUG. 19, 1980
AT 30 MINUTES PAST 1 O'CLOCK
P M IN BOOK 39 OF OFFICIAL
RECORDS, PAGE 18 LINCOLN
COUNTY, NEVADA.

YURIKO SHETZEL
Karen Herndon COUNTY RECORDER
BOOK 39 PAGE 18

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89106

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 1972

DECLAISED-NAME First Middle Last 1 Clifford A. BICKNELL		DATE OF DEATH (Month, Day, Year) 2 Dec 18, 1979		COUNTY OF DEATH Clark	
CITY, TOWN OR LOCATION OF DEATH 3 Las Vegas		HOSPITAL OR OTHER INSTITUTION - Name (if not in a free give street and number) 4 Sunrise Hospital		PLACE OF DEATH (Check one) 5 Inpatient	
RACE - (No. 1) White (No. 2) Black (No. 3) American Indian, etc. (Specify) 6 White		ETHNIC 7		AGE - Last Birthday (Years) MOSE DAYS 8 72	
STATE OF BIRTH (If not U.S.A. name country) 9 Washington		CITIZEN OF WHAT COUNTRY 10 U.S.A.		DATE OF BIRTH (Month, Day, Year) 11 July 15, 1907	
SOCIAL SECURITY NUMBER 12		USUAL OCCUPATION (Give kind if Work Done During Most of Working Life, Even if Retired) 13 Deputy Sheriff		KIND OF BUSINESS OR INDUSTRY 14 County Government	
RESIDENCE - STATE 15a Nevada		CITY, TOWN OR LOCATION 15b Lincoln		STREET AND NUMBER 15c Panaca	
FATHER - NAME First Middle Last 16 David E. Bicknell		MOTHER - M.A.D.E.N. NAME First Middle Last 17 Ada Wall		MARRIED NEVER MARRIED WIDOWED DIVORCED 18 Married	
SURVIVING SPOUSE (if not give reason name) 19 Lillian Fowler		WAS DECIDED: YES OR NO (Check one) 20 YES		DATE OF BIRTH (Month, Day, Year) 21	
FATHER - NAME First Middle Last 22 David E. Bicknell		MOTHER - M.A.D.E.N. NAME First Middle Last 23 Ada Wall		DATE OF BIRTH (Month, Day, Year) 24	
DECEASED'S HOME ADDRESS (Street or P.O. Box) 25 Lillian Bicknell - Wife		MAILING ADDRESS (Street or P.O. Box, City or Town, State, Zip) 26 P.O. Box 68 Panaca Nevada 89042		CITY, TOWN OR LOCATION 27 Panaca Nevada	
CAUSE OF DEATH (Specify) 28 Removal		CEMETERY OR CREMATORIUM - NAME 29 Panaca City Cemetery		LOCATION - City or Town, State 30 Panaca Nevada	
FUNERAL DIRECTOR - (Name, Address, or Person Acting as Such) 31		NAME AND ADDRESS OF FUNERAL HOME 32 Palm Mortuary 1325 N. Main St. Las Vegas, Nev. 89101		DATE OF DEATH 33	
SIGNATURE OF PHYSICIAN 34 Norman Venger		DATE SIGNED (Month, Day, Year) 35 12-20-79		HOUR OF DEATH 36 11:32 A.M.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (If not in Part I) 37 Norman Venger, M.D. 3196 S. Maryland Pky. Las Vegas, NV 89109		DATE RECEIVED BY REGISTRAR (Month, Day, Year) 38 DEC 20 1979		SIGNATURE AND TITLE OF REGISTRAR 39 Wanda Surina, Deputy	
PART I - IMMEDIATE CAUSE 40 Particulate air & Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH 41 minutes		PART II - UNDERLYING CAUSE 42 Bilateral pneumonia & Jaundice	
PART III - OTHER CAUSE 43 Pulmonary fibrosis & Emphysema		INTERVAL BETWEEN ONSET AND DEATH 44 months plus		PART IV - ALTOUPT (Check one) 45 NO	
DATE OF INJURY (Month, Day, Year) 46		HOUR OF INJURY 47		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Check one) 48 NO	
PLACE OF INJURY - (A) home (B) farm (C) street (D) factory (E) office (F) building (G) other (Specify) 49		LOCATION 50		STREET OR R.F.D. No. 51	
CITY OR TOWN 52		STATE 53		DATE OF DEATH 54	

No. 15525

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

Date Issued: DEC 20 1979

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]* 39 PAGE 19