

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK }⁵⁵

LEONA MAY, being first duly sworn, deposes and says that affiant is over the age of twenty-one years and competent to be a witness as to the matters hereinafter stated.

That affiant is LEONA MAY the person named as LEONA MAY, one of the grantees in that certain deed recorded September 19, 1980, as Document No. 69779 in Book 39, Page 452, of Official Records, in the office of the County Recorder of ~~Lincoln County, Nevada~~ LINCOLN COUNTY, State of Nevada.

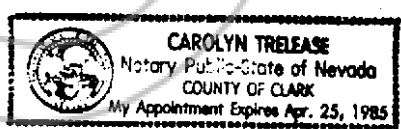
That WILLIAM F. MAY was one of the grantees named in said deed and was the identical person named as WILLIAM F. MAY, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

When recorded, mail to:
Wilma Berg
6645 W. Coley Ave.
Las Vegas, NV 89102

Leona May
LEONA MAY

Subscribed and sworn to before me this 15th day of JUNE, 19 81

Carolyn Release
Notary Public in and for said
County and State



No. 72451
FILED AND RECORDED AT REQUEST OF
HERMAN Adams
June 17, 1981
AT 1 MINUTES PAST 1 O'CLOCK
P.M. IN BOOK 44 OF OFFICIAL
RECORDS, PAGE 450 LINCOLN
COUNTY, NEVADA.
YUENKO SETZER
COUNTY RECORDER

Karen Berndon, Deputy

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

2641

LOCAL FILE NUMBER 2641		STATE FILE NUMBER 17967	
1 DECEASED—NAME William F. MAY		DATE OF DEATH (Month, Day, Year) Oct 13, 1980	
2 CITY, TOWN OR LOCATION OF DEATH Las Vegas		3a COUNTY OF DEATH Clark	
3b HOSPITAL OR OTHER INSTITUTION—Name (If not in title, give street and number) Valley Hospital		3c Inpatient	
4a RACE—White, Black, American Indian, etc. (Specify)	4b ETHNIC English	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR MOS. DAYS
6 STATE OF BIRTH (If not U.S.A., name country)	7 CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify)	9 SURVIVING SPOUSE (If wife, give maiden name)
10 SOCIAL SECURITY NUMBER	11a USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	11b	12 WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No)
13a RESIDENCE—STATE Nevada	13b COUNTY Clark	13c CITY, TOWN, OR LOCATION Las Vegas	13d STREET AND NUMBER 804 Shetland Rd
14a FATHER—NAME William Forrest May	14b MOTHER—MAIDEN NAME Rosella Earl	15a INSIDE CITY LIMITS (Specify Yes or No)	15b YES
16 DECEASED—NAME (Type or Print) Mary Leona May - Wife	17 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	18a Burial, CREMATION, REMOVAL OTHER (Specify)	
18b	18c 804 Shetland Road Las Vegas Nevada 89107	18c Memory Gardens Las Vegas Nevada	
19a FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	19b NAME AND ADDRESS OF FACILITY	19c	
19a Don De Voe	19b Palm Mortuary 1325 N. Main St. Las Vegas, Nev. 89101	19c	
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)	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) stated (Signature and Title)
21a Robert Buckley MD	21b OCT-14-80	21c 12:45 P.M.	22a
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22b PRONOUNCED DEAD (Mo., Day, Yr.)	22c PRONOUNCED DEAD (Hour)	22b
21d Robert Buckley, M.D. 2300 So. Rancho Road Las Vegas, NV	22b	22c	22b
22 REGISTRAR	23 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	24	
22 Wanda Turpin, Registrar	23 OCT 1 1980	24	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))	26 INTERVAL BETWEEN ONSET AND DEATH		27
(A) CARDIO-RESPIRATORY ARREST	MINS.		27
(B) ARTERIO-SCLEROTIC HEART DISEASE, ADVANCED	YEARS		27
(C) WITH PLEURAL EFFUSION	YEARS		27
28 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (A)	29 AUTOPTSY (Specify Yes or No)	27. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
28	29 NO	27. NO	
30a DATE OF INJURY (Mo., Day, Yr.)	30b HOUR OF INJURY	30c DESCRIBE HOW INJURY OCCURRED	
30a	30b	30c	
31a INJURY AT WORK (Specify Yes or No)	31b PLACE OF INJURY—At home, farm, school, factory, place business, etc. (Specify)	31c LOCATION	31d STREET OR R.F.D. No. CITY OR TOWN STATE
31a	31b	31c	31d

No 21076

"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:
OCT 1 1980

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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

EX-104 44 PAGE 451