

Return to: George D. Frame, Ltd.
P. O. Box 26092
Las Vegas, Nevada 89126

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK }

STELL THOMAS MOSES, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is STELL THOMAS MOSES the person named as STELL THOMAS MOSES, one of the grantees in that certain deed recorded August 23, 1963, as Document No. 379760 in Book 471, Page , of Official Records in the office of the County Recorder of Clark County, State of Nevada.

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

Stell Thomas Moses
STELL THOMAS MOSES

STATE OF NEVADA }
COUNTY OF CLARK }

On this 31st day of December, 1964, personally appeared before me, a Notary Public in and for said Clark County,

STELL THOMAS MOSES
known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.
WITNESS my hand and official seal.

Nancy L. Carson
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE



corporation the corporation form of acknowledgment shall be used

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

002752

LOCAL FILE NUMBER		DECEASED - NAME		MIDDLE		LAST		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1		Leola		M.		MOSES		August 26, 1984		Clark	
2		CITY, TOWN, OR LOCATION OF DEATH		3 HOSPITAL OR OTHER INSTITUTION - Name of institution, street and number				4 HONORARY CITY LIMITS (Specify Yes or No)		5 INPATIENT (Specify Yes or No)	
3		Las Vegas		3 So. Nevada Memorial Hospital				4 Yes		5 Inpatient	
6		RACE - (Specify Yes or No) (Specify Race)		7 ETHNIC		8 AGE - Last Birthday (Month, Day, Year)		9 SEX		10 DATE OF BIRTH (Month, Day, Year)	
6		Amer. Indian		7 American		8 55		9 Female		10 Sept. 19, 1928	
11		STATE OF BIRTH (If not U.S.A., name country)		12 CITIZENSHIP OF WHAT COUNTRY		13 MARRIED, NEVER MARRIED, DIVORCED, WIDOWED		14 SURVIVING SPOUSE (If wife, give maiden name)		15 HAD EVER BEEN IN U.S. ARMED SERVICES (Specify Yes or No)	
11		Oklahoma		12 U.S.A.		13 Married		14 Stell Moses		15 No	
16		SOCIAL SECURITY NUMBER		17 USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		18 INDUSTRY		19		20	
16				17 Key punch supervisor		18 Elec. & eng. company		19		20	
21		RESIDENCE - STATE		22 COUNTY		23 CITY, TOWN, OR LOCATION		24 STREET AND NUMBER		25 HONORARY CITY LIMITS (Specify Yes or No)	
21		Nevada		22 Clark		23 No. Las Vegas		24 3617 Carey		25 Yes	
26		FATHER - NAME		27 MOTHER - NAME		28		29		30	
26		Edgar Butts		27 Gertrude Grayson		28		29		30	
31		DECEASED'S MARRIAGE (Type or Name)		32 MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		33		34		35	
31		Stell Moses (husband)		32 3617 Carey No. Las Vegas, Nevada 89030		33		34		35	
36		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		37 CEMETERY OR CREMATORY - NAME		38 LOCATION (City or Town, State)		39		40	
36		Burial		37 Eden Vale		38 Las Vegas, Nevada		39		40	
41		FURNERAL DIRECTOR - (Name of Person Acting as Such)		42 NAME AND ADDRESS OF FACILITY		43		44		45	
41		Stell Moses		42 Dwyer Mortuary		43 925 Las Vegas Blvd. No. Las Vegas, Nevada		44		45	
46		DATE SIGNED (Month, Day, Year)		47 HOUR OF DEATH		48 DATE SIGNED (Month, Day, Year)		49 HOUR OF DEATH		50	
46		8/30/84		47 11:33am		48		49		50	
51		NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (If Not at Home)		52		53		54		55	
51		Edward J. Quinn M.D. 888 So. Rancho Rd. Las Vegas, Nevada		52		53		54		55	
56		REGISTRAR		57 DATE RECEIVED BY REGISTRAR (Month, Day, Year)		58 DEATH DUE TO COMMUNICABLE DISEASE (Specify Yes or No)		59		60	
56		Stell Moses		57 SEP 4 1984		58		59		60	
61		IMMEDIATE CAUSE (Specify Yes or No) (Specify Cause)		62		63		64		65	
61		Choked (asphyxia) artery		62		63		64		65	
66		PART I		67		68		69		70	
66		DUE TO, OR AS A COMPLICATION OF		67		68		69		70	
66		DISEASE		67		68		69		70	
66		DUE TO, OR AS A COMPLICATION OF		67		68		69		70	
66		DISEASE		67		68		69		70	
71		OTHER SEVERE BUT CORRECTED (Specify Yes or No) (Specify Cause)		72		73		74		75	
71		Choked (asphyxia) artery		72		73		74		75	
76		ACC. SUIDE, NON FATAL, OR PENDING INQUEST (Specify Yes or No)		77 DATE OF INJURY (Month, Day, Year)		78 HOUR OF INJURY		79 DESCRIBE HOW INJURY OCCURRED		80	
76				77		78		79		80	
81		INJURY AT WORK (Specify Yes or No)		82 PLACE OF INJURY - (At home, farm, street, business, other building, etc. specify)		83 LOCATION		84 STREET OR R.F.D. No.		85 CITY OR TOWN STATE	
81				82		83		84		85	

51377

VITAL RECORDS

"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.

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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: JAN 23 1985

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

BOOK 64 PAGE 373

No. 82103

FILED AND RECORDED AT REQUEST OF
George D. Frame, Ltd.

January 30, 1985

AT 1 MINUTES PAST 1 O'CLOCK

P.M. IN BOOK 64 OF OFFICIAL

RECORDS, PAGE 372 LINCOLN

COUNTY, NEVADA.

YURIKO SETZER
COUNTY RECORDER

By Maria Cordia, Deputy

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