

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

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

STELL 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 MOSES the person named as STELL MOSES, one of the grantees in that certain deed recorded January 19, 1979, as Document No. 63574 in Book 28, Page 516, of Official Records in the office of the County Recorder of Clark County, State of Nevada, Lincoln

That LEOLA 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 Moses
STELL MOSES

STATE OF Nevada }
COUNTY OF Clark } ss.

On this 3rd day of JANUARY, 1985, personally appeared before me, a Notary Public in and for said Clark County, STELL 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

id

Lincoln County

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

LOCAL FILE NUMBER		DECEASED - NAME		Sex	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1		Leola M. MOSES					2 August 26, 1984	3a Clark
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not author, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		IF HOME OR VILL. INDICATE DOA, OP, I/M OR IMPLAN (Specify)		
2b Las Vegas		3a So. Nevada Memorial Hospital		3b Yes		3c Inpatient		
RACE - (a) White, Black, American Indian, etc. (Specify)		AGE - Last Birthday (Years)		LENGTH YEAR		LENGTH DAY		DATE OF BIRTH (Month, Day, Year)
4a Amer. Indian		5a 55		5b		5c		6 Sept. 19, 1928
STATE OF BIRTH (If not U.S.A., name country)		COUNTRY OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		SEX
7 Oklahoma		8 U.S.A.		10 Married		11 Stell Moses		7 Female
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Last of Work Done During Month of Reporting Year, Even if Retired)		KIND OF BUSINESS OR INDUSTRY				
		13a Key punch supervisor		14b Elec. & eng. company				
RESIDENCE - STATE		COUNTRY		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)
15a Nevada		15b Clark		15c No. Las Vegas		15d 3617 Carey		15e Yes
FATHER - NAME (Last, First or Middle)		MOTHER - NAME (Last, First or Middle)		MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip)				
16 Edgar Butts		17 Gertrude Grayson		18a Stell Moses (husband)				
18b 3617 Carey		18c No. Las Vegas, Nevada 89030						
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION (City or Town, State)				
19a Burial		19b Eden Vale		19c Las Vegas Nevada				
FURNERAL DIRECTOR (Name of Person Acting as Such)		NAME AND ADDRESS OF FACILITY						
20a J. H. Hays		20b Dunker Mortuary		20c 925 Las Vegas Blvd. No. Las Vegas, Nevada				
21a TO THE BEST OF MY KNOWLEDGE, I have examined the body and place and date of the cause(s) stated (Signature and Title)		21b DATE SIGNED (Month, Day, Year)		21c HOUR OF DEATH		22a On the basis of examination and/or investigation, in my opinion death occurred at the date, time and place and due to the cause(s) stated.		
21a 8/30/84		21b [Signature]		21c 11:33am		22a		
21b NAME OF ATTENDING PHYSICIAN (If Other Than Certifier) (Type or Print)		21d ON		22b AT				
21d Edward J. Quinn M.D.		21e 888 So. Rancho Rd.		21f Las Vegas, Nevada				
REGISTRAR (Signature)		DATE REGISTERED BY REGISTRAR (Month, Day, Year)		DEATH DUE TO COMMUNICABLE DISEASE				
24a [Signature]		24b SEP 4 1984		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
75 IMMEDIATE CAUSE (With Full Cause, Type, and Date)		PART 1						
75a Choked while driving		1a DUE TO, OR AS A CONSEQUENCE OF, (Specify)						
75b Venous thrombosis		1b DUE TO, OR AS A CONSEQUENCE OF, (Specify)						
75c Venous thrombosis		1c OTHER SIGNIFICANT CONDITIONS (Specify)						
75d Choked while driving		26 No		27 No				
AUXILIARY INFORMATION		DATE OF BIRTH (Month, Day, Year)		HOUR OF BIRTH		DESCRIBE HOW BIRTH OCCURRED		
28a		28b		28c		28d		
INJURY AT WORK (Specify Yes or No)		PLACE OF BIRTH - (If home, birth street, house, other building, etc. (Specify))		LOCATION		STREET OR R.F.D. No., CITY OR TOWN, STATE		
29a		29b		29c		29d		

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

OT

Date Issued: SEP 04 1984

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

BOOK 64 PAGE 376

Lincoln County

25 72

No. 82104

FILED AND RECORDED AT REQUEST OF
George D. Frame, Ltd.
January 30, 1985
AT 1 MINUTES PAST 1 O'CLOCK
PM IN BOOK 64 OF OFFICIAL
RECORDS, PAGE 375 LINCOLN
COUNTY, NEVADA.

YURIKO SETZER
COUNTY RECORDER

By *Maria Cordie*, Deputy

BOOK 64 PAGE 377