

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }  
COUNTY OF CLARK }

KATHY D. FITTRO 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 hereinafter stated.

That affiant is \_\_\_\_\_ the person named as KATHY D. FITTRO, one of the grantees in that certain deed recorded May 7, 1986, as Document No. 84892 in Book 70, Page 399, of Official Records in the office of the County Recorder of Lincoln County, State of Nevada.

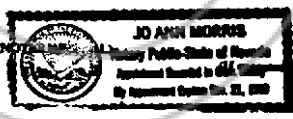
That STELL T. MOSES was one of the grantees named in said deed and was the identical person named as STELL THOMAS MOSES the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

*Kathy D. Fittro*  
KATHY D. FITTRO

STATE OF NEVADA }  
COUNTY OF Clark }

On this 2<sup>nd</sup> day of January, 19 87, personally appeared before me, a Notary Public in and for said Clark County,

KATHY D. FITTRO 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.



*Jo Ann Morris*  
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE

Law Offices  
GEORGE B. FRAME, LTD.  
P. O. Box 26992  
Las Vegas, Nevada 89126

E10

**MEDICAL EXAMINER**  
**CERTIFICATE OF DEATH**  
 STATE OF OKLAHOMA - DEPARTMENT OF HEALTH  
 MAY 14 1986 05099

DECEASED - NAME: **Steel Thomas Moses** DATE OF DEATH: **Mar. 30, 1986** SEX: **Male**  
 RACE: **Am. Indian** AGE: **59** DATE OF BIRTH: **Sept. 13, 1926** COUNTY OF BIRTH: **Choctaw**  
 CITY, TOWN, OR LOCATION OF BIRTH: **Hugo** HUSBAND'S NAME: **R** HOSPITAL OR OTHER INSTITUTION: **DOA Choctaw Memorial Hospital**  
 STATE OF BIRTH: **Oklahoma** CITIZENSHIP: **USA** OCCUPATION: **Painter** TYPE OF BUSINESS OR INDUSTRY: **Construction - Painting**  
 SOCIAL SECURITY NUMBER: **[REDACTED]** RESIDENCE - STATE: **Nevada** COUNTY: **Clark** CITY, TOWN, OR LOCATION: **Las Vegas** STREET AND NUMBER: **3617 E. Carey** ZIP CODE: **89110**  
 DEPENDENT: **Ike Moses** ADDRESS: **Lula Belle Hall**  
**Lucille Milling** ADDRESS: **Grant, Oklahoma 74738**

PART I. CAUSE OF DEATH: **Acute Coronary Insufficiency**  
 PART II. OTHER SIGNIFICANT CONDITIONS: **[None]**  
 MEDICAL CERTIFICATION: **[None]**  
 CERTIFICATION - MEDICAL EXAMINER: **Dr. David O. Trent DO** SIGNATURE OF MEDICAL EXAMINER: **[Signature]** DATE OF DEATH: **9:55 A.M.**  
 SIGNATURE OF MEDICAL EXAMINER: **[Signature]** DATE: **3-31-86**  
 REMOVAL: **Removal** DATE: **Mar. 30, 1986** CEMETERY OR CREMATORIUM: **Eden Vale Cemetery**  
 LOCATION: **Las Vegas, Nevada** FUNERAL HOME: **Langston-Mills & Coffey FH, Hugo, OK** FUNERAL DIRECTOR: **Brent E. Shain**  
 LOCAL REGISTRAR SIGNATURE: **[Signature]** DATE RECORDED BY LOCAL: **APR 4 1986** DATE RECEIVED BY STATE: **APR 4 1986**

State Department of Health  
 State of Oklahoma  
 OKLAHOMA CITY, OKLAHOMA 73107  
 I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this 14th day of May, 1986.  
**MAY 14 1986**

**STATE OF OKLAHOMA - DEPARTMENT OF HEALTH**  
**AMENDMENT TO CERTIFICATE OF DEATH**

Certificate of Death of Stell Thomas Moses  
 Date of Death March 30, 1986 Place of Death Choctaw, Oklahoma  
 State File No. 86-05099

**ITEMS TO BE AMENDED**

Item	Entry before amendment	Entry after amendment
Item #1	Steel Thomas Moses	Stell Thomas Moses
Item #14c	Las Vegas	North Las Vegas
Item #14e	89110	89030

**ABSTRACT OF SUPPORTING DOCUMENTARY EVIDENCE**


	By whom issued	By whom signed	Date Issued	Date signed
Documents Presented	1. Statement from Hunter Funeral Home			5-14-1986
	2.			
	3.			
Information Concerning Registrant in Document	1. Stell Thomas Moses/North Las Vegas/89030			
	2.			
	3.			
Additional Information				

Amendment Requested by Hunter Funeral Home Related to Registrant as Funeral Director

**CERTIFICATION BY STATE REGISTRAR:** I hereby certify that I have examined the documents referred to above, that the abstract is true and correct, that the documents show no changes or erasures, and appear to be authentic.

State Registrar *[Signature]*  
 File Date MAY 14 1986

(VS 127.3-70)

  
**State Department of Health**  
 State of Oklahoma  
 OKLAHOMA CITY, OKLAHOMA 73152

ROGER C. PIRRONG  
 STATE REGISTRAR OF VITAL STATISTICS

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this day.

**MAY 14 1986**

73 PAGE 349

Lincoln County

COPY

No. 86126  
FILED AND RECORDED AT REQUEST OF  
George D. Frame, Ltd.  
Jan. 12, 1987  
AT 15 MINUTES PAST 1 O'CLOCK  
P.M. IN BOOK 73 OF OFFICIAL  
RECORDS, PAGE 347 LINCOLN  
COUNTY, NEVADA.  
FRANK WULSE  
COUNTY RECORDER

By W. J. Conner, Deputy