

AFFIDAVIT TERMINATING JOINT TENANCY UNDER THE
PROVISIONS OF N.R.S. 40.470 (5)

1
2
3 STATE OF NEVADA)
4 ^{ss}
5 COUNTY OF CLARK)

6 LEORA O. RICE, being first duly sworn, deposes and
7 says:

8 That she is over the age of 21 years and competent to
9 be a witness as to the matters hereinafter stated.

10 That Affiant and ASHLEY C. RICE, THOMAS J. RICE and
11 CHRISTINA RICE WILSON owned, as Joint Tenants, the following
12 described property:

13 All that certain property lying, situate and being in
14 the County of Lincoln, State of Nevada, and more
15 particularly described as follows, to wit:

16 The South one-half of the Northeast quarter (S 1/2 NE
17 1/4) of U. S. Government Lot numbered Six (6) in Sec-
18 tion 2, Township 4 North, Range 57 East, M.D.B.&M.

19 That ASHLEY C. RICE is the identical person named as
20 one of the Grantees in that certain Quitclaim Deed to the above
21 described property recorded April 14, 1982 as Instrument No.
22 74981 in Book 49, Page 386 in the Office of the County Recorder
23 of Lincoln County, Nevada.

24 That said ASHLEY CLAY RICE died in the County of
25 Clark, State of Nevada, on the 2nd day of April, 1986, and was
26 the identical person named as ASHLEY C. RICE named in the Quit-
27 claim Deed referred to hereinabove, and in that certain
28

1 Certificate of Death, a certified copy of which is annexed
2 hereto and made a part hereof.

3 DATED this 9 day of March, 1987.

4 LEORA O. RICE
LEORA O. RICE

5 Subscribed and sworn to before me
6 this 9th day of March, 1987.

7 Joe Knutson
NOTARY PUBLIC

8
9
10 JOE KNUTSON
11 Notary Public - State of Nevada
12 LINCOLN COUNTY
13 My Appointment Expires July 22, 1987

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15
16
17 No. 86366
18 FILED AND RECORDED AT REQUEST OF
19 Denton & Denton
20 March 11, 1987

21 AT 1 MINUTES PAST 1 O'CLOCK
22 P.M. IN BOOK 74 OF OFFICIAL
23 RECORDS, PAGE 75 LINCOLN
24 COUNTY, NEVADA.

25 FRANK C. HULSE
26 COUNTY RECORDER
27 By W. J. ..., Deputy
28

Lincoln County

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

001262

STATE FILE NUMBER

LOCAL FILE NUMBER 001262		DECEASED--NAME Ashley Clay RICE		DATE OF DEATH (Month, Day, Year) April 2, 1986	COUNTY OF DEATH Clark
CITY, TOWN OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION 4325 Fulton Place		INSIDE CITY LIMITS Yes	IF DECEASED IN HOME OF DECEASED No
RACE--(a) White, Black, American Indian, etc. (Specify) White		AGE--(b) At Birth (Years, Months, Days) 64	UNDER 1 YEAR MONTHS : DAYS	DATE OF BIRTH (Month, Day, Year) June 17, 1921	SEX Male
STATE OF BIRTH Nevada		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) Truck driver		SURVIVING SPOUSE (If wife, give maiden name) Annie Orrock	
RESIDENCE--STATE Nevada		COUNTY Lincoln	CITY, TOWN OR LOCATION Pioche	STREET AND NUMBER [REDACTED]	INSIDE CITY LIMITS No
FATHER--NAME Ashley Rice		MOTHER--NAME & MAIDEN NAME Elsie Harness		MARRIAGE ADDRESS P.O. Box 326, Pioche, Nevada 89043	
DISPOSITION Burial		CEMETERY OR CREMATORY--NAME Memory Gardens		LOCATION Las Vegas Nevada	
FURNERAL DIRECTOR--SIGNATURE (In Presence of Family) Dennis Staley		NAME AND ADDRESS OF FACILITY Bunker Mortuary 925 Las Vegas Blvd., Las Vegas, Nevada 89101		27a On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause stated in this certificate.	
CERTIFIER Nina Hollander, M.D. - Deputy Med. Examiner, 1704 Pinto Lane, Las Vegas, NV		DATE RECEIVED BY REGISTRAR (Month, Day, Year) APR 6 1986		DEATH DUE TO COMMUNICABLE DISEASE No	
CAUSE OF DEATH Carcinomatosis (primary carcinoma of the lung)		PART 1 DUE TO, OR AS A CONSEQUENCE OF		PART 2 DUE TO, OR AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not related to cause given in PART 1 or 2		AUTOPSY No		WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
DATE OF BIRTH (Month, Day, Year) June 17, 1921		HOUR OF BIRTH [REDACTED]		PLACE OF BIRTH [REDACTED]	

Nº 57945

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: MAR 9 1987



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

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