

# AFFIDAVIT TERMINATING JOINT TENANCY

97-65784-CA

STATE OF ~~NEVADA~~ <sup>CA</sup> }  
COUNTY OF ~~CLARK~~ <sup>CLARK</sup> } ss.

ROBERT K. MENDENHALL 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 \_\_\_\_\_ the person named as ROBERT K. MENDENHALL one of the grantees in that certain deed recorded \_\_\_\_\_ as Document No. \_\_\_\_\_ in Book \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_ in the office of the County Recorder of ~~Clark~~ <sup>Lincoln</sup> County, State of Nevada.

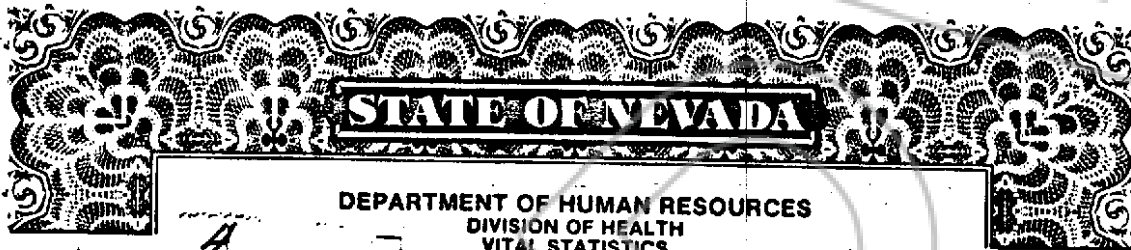
That DEBRA L. MENDENHALL was one of the grantees named in said deed and was the identical person named as DEBRA LEE MENDENHALL the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

*Robert K. Mendenhall*  
ROBERT K. MENDENHALL

Subscribed and sworn to before me this 21st day of June 1987

*Larry R. Jolly*  
Notary Public in and for said County and State





DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS

CERTIFICATE OF DEATH

**DECEASED - NAME** First Middle Last: **Debra Lee MENDENHALL** **DATE OF DEATH** Month Day Year: **April 7, 1984** **STATE FILE NUMBER** COUNTY OF DEATH: **Lincoln**

**CITY TOWN OR LOCATION OF DEATH**: **Alamo** **HOSPITAL OR OTHER INSTITUTION**: **1st East St.** **INSIDE CITY LIMITS** (Specify Yes or No): **Yes** **IF DEATH OCCURRED IN A HOME (Specify)**: **Yes**

**RACE** - of White Black American Indian or Alaskan Native: **White** **AGE - Last Birthday (Years)**: **30** **UNITED STATES CITIZENSHIP** (Specify Yes or No): **Yes** **DATE OF BIRTH** Month Day Year: **July 16, 1953** **SEX**: **Female**

**STATE OF BIRTH** (If not U.S.A. Name Country): **California** **CITIZEN OF WHAT COUNTRY**: **U.S.A.** **MARRIED** **NEVER MARRIED** **DIVIDED** **DIVORCED** **WIDOWED**: **Married** **DECEASED SPOUSE** (If wife give maiden name): **Robert Kenneth Mendenhall** **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Specify Yes or No): **No**

**SOCIAL SECURITY NUMBER**: [REDACTED] **USUAL OCCUPATION** (Use kind of these during Adult life Working Life, Form of Material): **Homemaker** **KIND OF BUSINESS OR INDUSTRY**: **Own home**

**RESIDENCE - STATE**: **Nevada** **COUNTY**: **Lincoln** **CITY TOWN OR LOCATION**: **Alamo** **STREET AND NUMBER**: **1st East St.** **INSIDE CITY LIMITS** (Specify Yes or No): **Yes**

**PARENTS** **FATHER - NAME** First Middle Last: **Valess Dewey** **MOTHER - MAIDEN NAME** First Middle Last: **Doris Lee**

**INFORMANT - NAME** (Type or Print): **Robert K. Mendenhall** **MAILING ADDRESS** (Street or P.O. Box, City or Town, State, Zip): **Box 192, Alamo, Nevada 89001**

**DISPOSITION** **BURIAL OR CREMATION** (Specify): **Burial** **CEMETERY OR CREMATORY - NAME**: **Alamo Cemetery** **LOCATION** (City or Town, State): **Alamo, Nevada**

**20a** **NAME AND ADDRESS OF FACILITY**: **Bunker Mortuary, 925 Las Vegas Blvd., No. 1, Las Vegas, Nevada**

**21** **DATE SIGNED** (Month Day Year): **Apr 10 1984** **HOUR OF DEATH**: **4:40 P.M.**

**22a** **NAME OF ATTENDING PHYSICIAN** (Type or Print): **Gary L. Davis - Deputy Coroner - P.O. Box 579, Pioche, Nev. 89043** **22b** **PHONICALLY READ** (Month Day Year): **4-7-84** **22c** **PHONICALLY READ** (Month Day Year): **4:40 P.M.**

**23** **IMMEDIATE CAUSE** (ENTER ONLY ONE CAUSE FOR LINE 23a, 23b, AND 23c): **Gunshot wound to the chest**

**24** **OTHER SIGNIFICANT CONDITIONS** - Conditions contributing to death that are related to cause given in PART 1 (a): **Self inflicted gunshot wound**

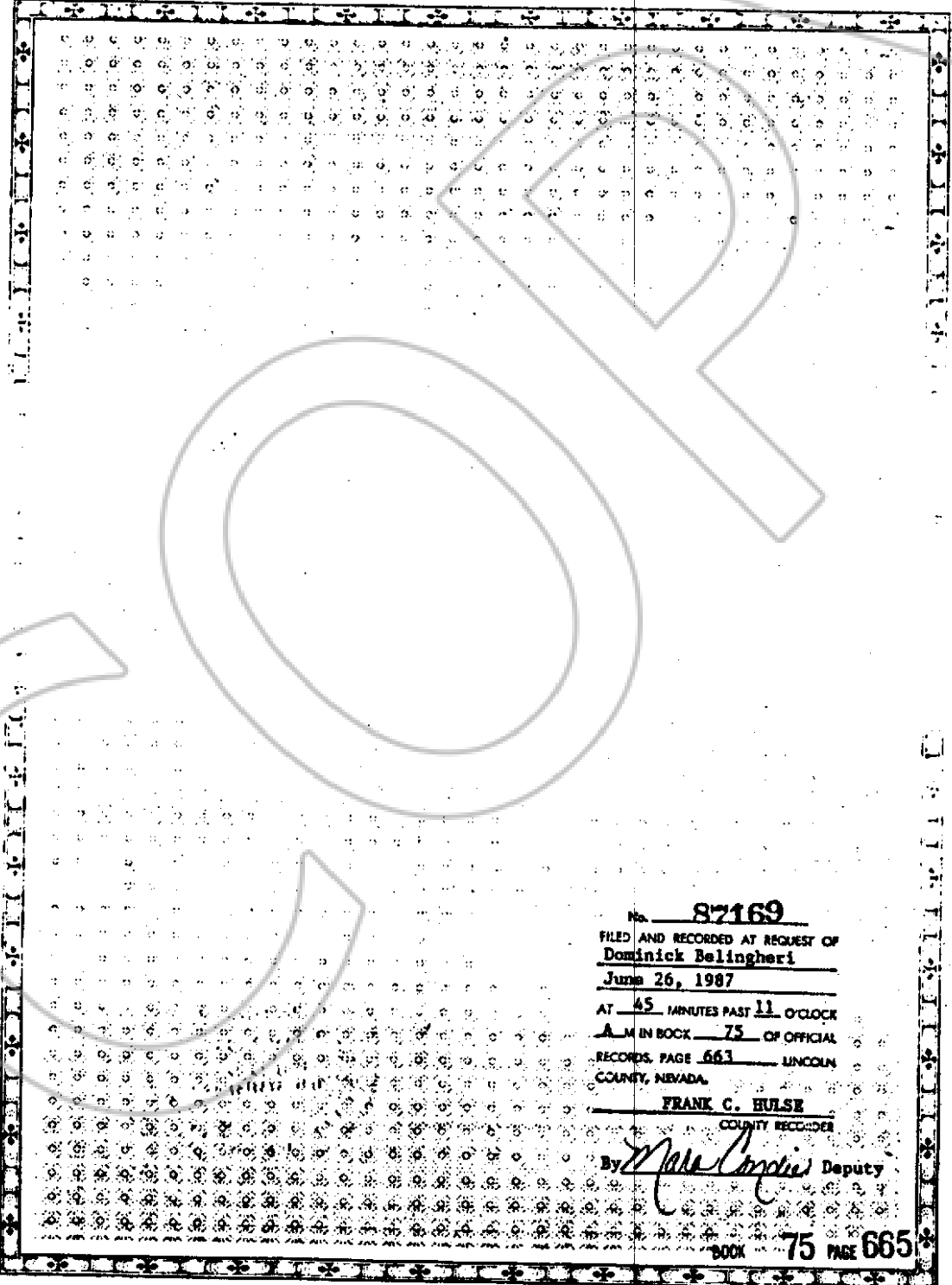
**25** **DATE OF INJURY** (Month Day Year): **Apr 7, 1984** **HOUR OF INJURY**: **4:15 P.M.** **26** **DISCUSE HOW INJURY OCCURRED**: **Self inflicted gunshot wound**

**27** **PLACE OF INJURY** - At home, farm, school, factory, office, building, etc. (Specify): **Home** **28** **STREET OR P.O. BOX**: **1st East St.** **CITY OR TOWN**: **Alamo** **STATE**: **Nev.**

This is to certify that the above is a true and correct copy of the certificate on file in this office.

VITAL RECORDS *William Compt* 46  
Date issued: APR 17 1984 Deputy Registrar

BOOK 75 PAGE 004



No. 87169  
FILED AND RECORDED AT REQUEST OF  
Dominick Bellingheri  
June 26, 1987  
AT 45 MINUTES PAST 11 O'CLOCK  
A.M. IN BOOK 75 OF OFFICIAL  
RECORDS, PAGE 663 LINCOLN  
COUNTY, NEVADA.  
FRANK C. HULSE  
COUNTY RECORDER

By Maria Cordis Deputy