

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK }
LINCOLN }

Return To
GRACE S. FLORA
4001 JORY TRAIL
LAS VEGAS, NEVADA 89108

GRACE S. FLORA 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 GRACE S. FLORA the person named as one of the grantees in that certain deed recorded 11-16-89, as Document No. 92689 in Book 88, Page 84, of OFFICIAL RECORDS in the office of the County Recorder of LINCOLN County, State of Nevada.

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

Grace S. Flora
GRACE S. FLORA

Subscribed and sworn to before me this _____ day of _____ 19__

094029

Notary Public in and for said County and State

STATE OF NEVADA)
County of Clark)
On 5-4-90 (date) personally appeared before me, a notary public GRACE S. FLORA, personally known to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.

Amy S. Maguire
AMY S. MAGUIRE
Notary Public - State of Nevada
Appointment Recorded in Clark County
MY APPOINTMENT EXPIRES DEC 8 1991

No. _____
FILE: AT RECORDED AT _____ OF
Wee Four, Inc.
May 14, 1990
\$ 2 OR
90 OFF
RECO 362 LINCOLN
CO NV, NEVADA

FRANK C. HULSE
COUNTY REC'DER
By *Bhonda Zehner* Deputy

Lincoln County

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

TYPE OR PRINT ON PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME		DATE OF BIRTH (Month, Day, Year)		STATE FILE NUMBER	
	1 James R. FLORA		2 April 2, 1990		3 Clark			
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Specify if not within city limits and name—)		If Hosp. or Inst. indicate DOA, Dr. Emer. or Autopsy (Specify)		SEX	
	4 Las Vegas		5 University Medical Center of Southern Nevada		6 Inpatient		7 Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—In g. White, Black, American Indian, etc. (Specify)		Was Decedent of Hispanic Origin? Specify: Yes or No If Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Year)		DATE OF BIRTH (Mo., Day, Yr.)	
	8 White		9		10 74		11 December 1 1915	
PARENTS	STATE OF BIRTH (If not U.S. territory)		CITIZEN OF WHAT COUNTRY		Decedent's Education: Specify highest grade completed		MARRIAGE (If NEVER MARRIED, WIDOWED, DIVORCED (Specify))	
	12 South Dakota		13 USA		14 12		15 Married	
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wid. give maiden name)	
	16		17 Mechanic/Retired		18 Aircraft Industry		19 Grace St. Award	
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
	20 Nevada		21 Clark		22 Las Vegas		23 4001 Jory Trail	
CAUSE OF DEATH	FATHER—NAME (Type or Print)		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	24 Byford		25 Flora		26 Grace		27 Debank	
CONVENTIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION (City or Town, State)		FUNDING AGENCY (Specify Type or No.)	
	28 Cremation		29 Palm Crematory		30 Las Vegas Nevada		31	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100	FUNERAL DIRECTOR—SIGNATURE (Or Print if Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
	32		33		34 Palm Rock Mt., 1600 So. Jones Blvd., Las Vegas NV 89102		35 APR 05 1990	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		PRONOUNCED DEAD (Mo., Day, Yr.)		HOUR OF DEATH	
	36 4-4-90		37 12:10 A.M.		38		39	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER		DEATH DUE TO COMMUNICABLE DISEASE		AUTOPSY (Specify Yes or No)	
	40 Stephen Savran M.D. 2300 West Charleston Blvd. Las Vegas NV		41 3077		42		43 No	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	44		45 APR 05 1990		46		47 Yes	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE PER (a), (b), AND (c))		INTERVAL BETWEEN ONSET AND DEATH		INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(If home, farm, street, factory, office building, etc. (Specify))	
	48 (a) Cardiac arrest		49		50		51	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	(b) Malignant cardiac arrhythmias		INTERVAL BETWEEN ONSET AND DEATH		LOCATION		STREET OR R.F.D. No.	
	52		53		54		55	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	(c) Atherosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH		CITY OR TOWN		STATE	
	56		57		58		59	
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
	60		61		62		63	

STATE REGISTRAR No. 016589

"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: APR 06 1990

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

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