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STATEMENT IN PURSUANCE OF THE PROVISIONS OF SECTION  
40.525, OF NEVADA REVISED STATUTES,  
TERMINABLE JOINT TENANCY

STATE OF NEVADA )  
                  ) ss  
COUNTY OF CLARK )

ELEANOR M. FOSTER, being of legal age, and being first duly sworn,  
deposes and says:

I am the widow of CHARLES FOSTER. That CHARLES FOSTER decedent  
mentioned in the attached, certified copy of the certificate of death, is the  
same person as CHARLES FOSTER named as one of the parties on that certain deed  
executed to CHARLES FOSTER and ELEANOR M. FOSTER, recorded in the Official  
Records of the Court of the Recorder of Lincoln County, Nevada as Instrument  
No. 57343, Book No. 15, a copy of which is attached hereto as Exhibit B and by  
this reference made a part hereof, and relating to that certain real property  
more particularly described as:

Lot One Hundred Thirty-Two (132) of SUN GOLD  
MINOR ADDITION TO THE TOWN OF PARSON, according to the  
Plat of record in Book A of Plats, page 101, Lincoln  
County, Nevada records.

That as appears from the death certificate attached hereto, the said  
decedent, CHARLES FOSTER, died in the County of Clark, State of Nevada on the  
21st day of April, 1977.

JAMES E. GUESMAN  
1786 E. Sahara # 335  
Las Vegas, Nevada 89104  
(702) 734-2573

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That I make this Affidavit pursuant to the provisions of N.R.S. 40.525 (5) and 111.365 for the purpose of establishing death of joint tenant, terminating the interest of the deceased joint tenant in and to the afore-described real property vesting solely in petitioner, as the surviving joint tenant, title to the afore-described real property.

*Eleanor H. Foster*  
ELEANOR H. FOSTER

SUBSCRIBED and SWORN to before me  
this 15 day of June, 1990



*P. J. Krynicki*  
NOTARY

JAMES E. GUESMAN  
1785 E. Sahara # 355  
Las Vegas, Nevada 89104  
(702) 734-2573

When recorded mail to:  
JAMES E. GUESMAN, ESQ., 1785 E. Sahara # 355 Las Vegas, Nevada 89104

Mail tax statements to:  
Eleanor Foster 1581 Equestrian Drive, Henderson, Nevada 89015

N. 094266  
FILED A. RECORDS & CLERK  
James E. Guesman  
19 June 1990  
MT. 45 S. 12  
R. 90 OFF.  
RECD 661 LINCOLN  
CO. N.Y., NEVADA  
*Frank C. Hulse*  
FRANK C. HULSE COUNTY REC'D

Lincoln County

ATTACHMENT

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 1. <b>Charles Wesley FOSTER</b>	DATE OF DEATH (Month, Day, Year) 2. <b>April 21, 1990</b>	STATE FILE NUMBER	COUNTY OF DEATH 3. <b>Clark</b>
PRECEDENT		CITY, TOWN, OR LOCATION OF DEATH 4. <b>Las Vegas</b>	HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 5. <b>Valley Hospital</b>	2. <b>Inpatient</b>	SEX 6. <b>Male</b>
IF DEATH OCCURRED IN HOSPITAL OR HEALTH CARE FACILITY, CHECK THIS BOX		RACE—In P. White, Black, American Indian, Alaska N. (Specify) 7. <b>White</b>	Was Decedent of Hispanic Origin? (Specify if yes or no if yes, specify Mexican, Cuban, Puerto Rican, etc.) 8. <b>No</b>	AGE—Last Birthday (Years) 9. <b>12</b>	UNDECEASED YEAR 10. <b>1990</b>
		STATE OF BIRTH 11. <b>Colorado</b>	CITIZEN OF WHAT COUNTRY 12. <b>USA</b>	Decedent's Education, grade completed 13. <b>Retired</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 14. <b>Married</b>
		SOCIAL SECURITY NUMBER 15. <b>[REDACTED]</b>	TRIAL OCCUPATION (Give kind of Work Done During Most of Working Years) 16. <b>Retired</b>	KIND OF BUSINESS OR INDUSTRY 17. <b>Construction</b>	SURVIVING SPOUSE (If wife, give maiden name) 18. <b>Eleanor Hilligan</b>
PARENTS		RESIDENCE—STATE 19. <b>Nevada</b>	COUNTY 20. <b>Clark</b>	CITY, TOWN, OR LOCATION 21. <b>Henderson</b>	STREET AND NUMBER 22. <b>1581 Equestrian Drive</b>
		FATHER—NAME 23. <b>John Foster</b>	MOTHER—MAIDEN NAME 24. <b>Edna Morris</b>	MAILING ADDRESS 25. <b>1581 Equestrian Drive Henderson Nevada 89015</b>	PHONE CITY LIMITS 26. <b>788</b>
DISPOSITION		INFORMANT—NAME (Type or Print) 27. <b>Eleanor H. Foster -Wife</b>	RELATIONSHIP TO DECEASED 28. <b>Wife</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 29. <b>Creation</b>	CEMETERY OR CREMATORY—NAME 30. <b>Palm Crematory</b>
		FUNERAL DIRECTOR—SIGNATURE (If Foreign, Address and City) 31. <b>[Signature]</b>	FUNERAL DIRECTOR LICENSE NUMBER 32. <b>27</b>	LOCATION 33. <b>Las Vegas Nevada</b>	NAME AND ADDRESS OF FACILITY 34. <b>Palm Mortuary 1325 No. Main St. Las Vegas, Nevada</b>
CERTIFIER		DATE SIGNED (Mo., Day, Yr.) 35. <b>4-23-90</b>	HOUR OF DEATH 36. <b>3:57 P.M.</b>	DATE SIGNED (Mo., Day, Yr.) 37. <b>[Signature]</b>	HOUR OF DEATH 38. <b>[Signature]</b>
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 39. <b>Ronald Roth M.D.</b>	ADDRESS OF PHYSICIAN 40. <b>500 South Rancho Drive Las Vegas NV</b>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 41. <b>APR 23 1990</b>	DEATH DUE TO COMMUNICABLE DISEASE 42. <b>NO</b>
CAUSE OR DEATH		25. IMMEDIATE CAUSE 43. <b>ARTIC STENOSIS, SEVERE LUNG DISEASE, DEPT</b>	26. INTERVAL BETWEEN ONSET AND DEATH 44. <b>CHRONIC RENAL FAILURE</b>	27. INTERVAL BETWEEN ONSET AND DEATH 45. <b>PARA PLEURA</b>	28. INTERVAL BETWEEN ONSET AND DEATH 46. <b>PARA PLEURA</b>
		29. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I 47. <b>PARA PLEURA</b>	30. AUTOPSY (Specify Yes or No) 48. <b>NO</b>	31. WAS CASE REFERRED TO CORONER (Specify Yes or No) 49. <b>NO</b>	
		32. ACCIDENT, HOMICIDE, SUICIDE, OR PENDING INVESTIGATION (Specify) 50. <b>NO</b>	33. DATE OF INJURY (Mo., Day, Yr.) 51. <b>[Blank]</b>	34. HOUR OF INJURY 52. <b>[Blank]</b>	35. DESCRIBE HOW INJURY OCCURRED 53. <b>[Blank]</b>
		36. INJURY AT WORK (Specify Yes or No) 54. <b>NO</b>	37. PLACE OF INJURY—In home, farm, street, factory, office, building, etc. (Specify) 55. <b>[Blank]</b>	38. LOCATION 56. <b>[Blank]</b>	39. STREET OR R.F.D. No. 57. <b>[Blank]</b>
		40. CITY OR TOWN 58. <b>[Blank]</b>	41. STATE 59. <b>[Blank]</b>		

STATE REGISTRAR

No. 015736

"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 24 1990

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426

Las Vegas, Nevada 89127

702-383-1223

BOOK

90 PAGE 663

*[Handwritten mark]*