

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

Veda B. Wadsworth, 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 Veda B. Wadsworth, one of the
grantees in that certain deed recorded _____, as Document
No. _____ in Book _____, Page _____, of _____, in the office of
Lincoln,
the County Recorder of ~~Clark~~ County, State of Nevada.

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

Veda B. Wadsworth
Veda B. Wadsworth

Subscribed and sworn to before me this
5th day of October
_____, 19 90

Keith Quirk
Notary Public In and for said County and State



No. 095798
FILED AND RECORDED AT THE OFFICE OF
Las Vegas Title & Escrow
February 4, 1991
AT 1 o'clock 9 of the MORNING
A. D. 1991 BY 94 OFFICIAL
REC'D 346 LINCOLN
CO. NV, NEVADA.

YURIKO SETZER
COUNTY RECORDER
By Mara Condie Deputy

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

002972

LOCAL FILE NUMBER		Month		Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1 DECEASED - NAME		Glenn L.		WADSWORTH		October 7, 1982		Clark	
CITY, TOWN, OR LOCATION IN DEATH		HOSPITAL OR OTHER INSTITUTION		INSIDE CITY LIMITS		H. (Ship or Not) (Specify Yes or No)		I. (Specify Yes or No)	
Las Vegas		5027 Sawyer Avenue		No		No		No	
4a RACE - (e.g., White, Black, American Indian, etc.) (Specify)		4b ETHNIC		5a AGE - LAST BIRTHDAY (Year, Month, Day)		6a UNDER 1 YEAR		6b UNDER 1 DAY	
White		American		69		MO: 00, DA: 00, HOURS: 00, MINS: 00		7 DATE OF BIRTH (Mo., Day, Yr.)	
8 STATE OF BIRTH (If not U.S.A., name country)		9 CITIZEN OF WHAT COUNTRY		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11 SURVIVING SPOUSE (If valid, give maiden name)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
Nevada		USA		Married		Veda Brockbank		No	
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14b KIND OF BUSINESS OR INDUSTRY		15a RESIDENCE - STATE		15b COUNTY	
		Owner-manager		Wholesale Grocery		Nevada		Clark	
15c CITY, TOWN, OR LOCATION		15d STREET AND NUMBER		15e INSIDE CITY LIMITS (Specify Yes or No)		16a FATHER - FIRST NAME		16b MOTHER - MAIDEN NAME	
Las Vegas		5027 Sawyer Ave		No		David Allen Wadsworth		Grace Heaps	
17 INFORMANT - NAME (Type or Print)		18a MARRIAGE ADDRESS		18b CEMETERY OR CREMATORY - NAME		18c LOCATION		19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	
Veda Wadsworth		5027 Sawyer Avenue, Las Vegas, Nevada 89108		Memory Gardens		Las Vegas, Nevada		Entombment	
20a FUNERAL DIRECTOR - SIGNATURE OR PERSON ACTING IN STEAD		20b NAME AND ADDRESS OF FACILITY		21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21b (Signature and Title)		21c DATE SIGNED (Mo., Day, Yr.)	
D. W. Marshall		Bunker Mortuary 925 Las Vegas Blvd. North, Las Vegas, Nevada		Richard Nilsen, M.D.		10-8-82		3-21 PM	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a ON		22b AT		23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		24 REGISTRAR	
						Richard Nilsen, M.D., 4230 South Burnham, Las Vegas, Nevada		OCT 8 1982	
25 IMMEDIATE CAUSE		26 PART 1		27		28		29	
25a (Signature) <i>Richard Nilsen, M.D.</i>		26a (Signature) <i>Richard Nilsen, M.D.</i>		27a (Signature) <i>Richard Nilsen, M.D.</i>		28a (Signature) <i>Richard Nilsen, M.D.</i>		29a (Signature) <i>Richard Nilsen, M.D.</i>	
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No 33494

VITAL RECORDS

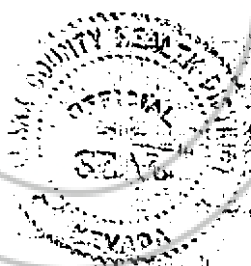
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NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: OCT 05 1990



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

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