

AFFIDAVIT-TERMINATION OF JOINT TENANCY
(Death of a Joint Tenant)

Kathleen L. Grissom, of legal age, being first duly sworn, deposes and says:
(Affiant Name)

That Marvin Carter Grissom, Jr., the decedent mentioned in the attached certified copy
(Deceased Name as shown on Death Certificate)

Certificate of Death, is the same person as Marvin C. Grissom, Jr., named as one
(Deceased Name as shown on Deed)

of the parties in that certain Grant Deed, dated on this 30 day of
(Type of Document)

August, 19 87, executed by Gerald H. and Mary S. Wilson to
(Grantor)

Marvin C. and Kathleen L. Grissom, Jr., as Joint Tenants, recorded as Instrument No. _____
(Grantee)

96205, on this 9th day of April, 19 91, in book 95

of Official Records of Lincoln County, Nevada, covering the following described property situated in
the ~~BOOK~~ Town of Alamo, County of LINCOLN, State of Nevada. (Set forth legal description
and commonly known street address, if known)

Parcel 7-3 located in the South Half (S $\frac{1}{2}$) of the Northwest
Quarter (NW $\frac{1}{4}$) of the Northwest Quarter (NW $\frac{1}{4}$) of the Southwest
Quarter (SW $\frac{1}{4}$) of Section 5, Township 7 South, Range 61 East,
M.D.B. & M. as recorded in Plat A, Page 255 of the Official
Records of Lincoln County February 26, 1986, Containing
1.17 Acres.

SUBJECT TO: Rights of way, restrictions, reservations, conditions,
covenants, and easements of record.

ASSESSORS PARCEL NO. 04-151-13

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of
\$ _____

In Witness Whereof, I/We have hereunto set my hand/our hands this 9th day of April, 19 91

Kathleen L. Grissom
(Signature)

(Signature)

(Print or type name here) Kathleen L. Grissom

(Print or type name here)

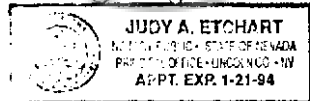
STATE OF NEVADA }
COUNTY OF _____ }

On this 9th day of April, 19 91
personally appeared before me, a Notary Public

Kathleen L. Grissom

personally known to me to be the person whose name(s) is subscribed
to the above instrument who acknowledged that she executed
the instrument.

Judy A. Etchart
(Notary Public)



(Notary Stamp)

RECORDING REQUESTED BY AND MAIL TO

NAME
ADDRESS
CITY/ST/ZIP

If applicable mail tax statements to

NAME
ADDRESS
CITY/ST/ZIP

096206

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY

FILED & RECORDED BY
Kathleen L. Grissom

April 9, 1991

BOOK 30 PAGE 1

OFFICE

REC 330 LINCOLN

COUNTY, NEVADA

YURIKO SETZER

By Mara Cordie, COUNTY REC DEPUTY

BOOK **95** PAGE **330**

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED - NAME (First Middle Last)		DATE OF DEATH (Month, Day, Year)	
1 Marvin Carter GRISSOM Jr.		September 19, 1989	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
30 Las Vegas		30 Clark	
HOSPITAL OR OTHER INSTITUTION - Name (If not given, give street and number)		II Hosp. or Inst. Indicate DOA, Of/Emr. (Specify)	
31 Valley Hospital		31 Inpatient	
RACE - (e.g. White, Black, American Indian, etc.) (Specify)		SEX	
5 White		1 Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Specify Mexican, Cuban, Puerto Rican, etc.		AGE - Last Birthday (Years)	
6 No		7a 44	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a Texas		8 October 26, 1944	
CITIZEN OF WHAT COUNTRY		DECEDENT'S EDUCATION - Specify highest grade completed	
9b U.S.A.		10 14	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, (Specify) Married	
12 [REDACTED]		12 Kathleen Laubacker	
USUAL OCCUPATION (Give Kind of Work Done, Name of Employer, 14a Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a Aerospace Control & Warning Systems Technician/Retired		14b United States Air Force	
RESIDENCE - STATE		CITY, TOWN, OR LOCATION	
15a Nevada		15b Clark	
STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15d 425 Rhoda Street		15c No	
FATHER - NAME (First Middle Last)		MOTHER - MAFER NAME (First Middle Last)	
16 Marvin Carter Grisson		17 Della Pest	
INFORMANT - NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a Kathleen Grisson -Wife		18b 425 Rhoda Street Las Vegas Nevada 89110	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME	
19 Burial		19a Palm Valley View Cemetery	
FURNERAL DIRECTOR - SIGNATURE (Or Print Name as Signer)		NAME AND ADDRESS OF FACILITY	
20a [Signature]		20b 27 Palm Mortuary 1325 No. Main St. Las Vegas, Nevada	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		21b On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21a 9-20-89		21b 2:30 A.M.	
HOUR OF DEATH		HOUR OF DEATH	
21c 2:30 A.M.		21d 2:30 A.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d Adelaida Aranas M.D. 3701 West Charleston Blvd. Las Vegas NV		21e 22e AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
22a Adelaida Aranas M.D. 3701 West Charleston Blvd. Las Vegas NV		22b 3850	
REGISTRAR (Signature)		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a [Signature]		24b SEP 21 1989	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))		DEATH DUE TO COMMUNICABLE DISEASE	
25 Acute Hepato Renal failure, Cor. Reg. failure		24c YES <input type="checkbox"/> NO <input type="checkbox"/>	
PART I DUE TO OR AS A CONSEQUENCE OF:		Interval between onset and death	
(a) Same		Interval between onset and death	
(b) Same		Interval between onset and death	
(c) CPD + Pulchral Asthma		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
26 No		27 No	
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a No		28b [REDACTED]	
INJURY AT WORK (Specify Yes or No)		HOUR OF INJURY	
29a No		29c [REDACTED]	
PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
29b [REDACTED]		29d [REDACTED]	
LOCATION		STREET OR R.F.D. No.	
29e [REDACTED]		29f [REDACTED]	
CITY OR TOWN		STATE	
29g [REDACTED]		29h [REDACTED]	

STATE REGISTRAR

No.007072

"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: SEP 22 1989

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

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