

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
COUNTY OF CLARK) ss

Andrea S. Sarlo, 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 daughter of _____ the person named as Luanna Emery, one of the grantees in that certain deed recorded August 21, 1970, as Document No. _____ in Book "0-1", Page 76 of official records, in the office of the County Recorder of Clark County, State of Nevada.

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

Andrea S. Sarlo
Andrea S. Sarlo

Subscribed and sworn to before me this 26th day of October, 1992

Tamara M. Osborne
Notary Public in and for said County and State

92-09-1781-FB
When Recorded Return to:
Andrea S. Sarlo
4521 S. HARMON CIRCLE
LAS VEGAS, NV 89122
APN 01-132-10
01-132-12
01-132-24

FORM 228
DORN PRINTING--734-0884

TAMARA M. OSBORNE
Notary Public - Nevada
Clark County
My appt. exp. 9/30/96
099584
RECORDED AT REQUEST OF
Dominick Belingheri
Oct. 28, 1992
45 MINUTES FAST 2 O'CLOCK
P.M. IN BOOK 104 OF OFFICIAL
RECORDS, PAGE 33 LINCOLN
COUNTY, NEVADA.
James Setzer
COUNTY RECORDER

BOOK **104** PAGE **33**

Lincoln County

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH 1995

LOCAL FILE NUMBER: **880** STATE FILE NUMBER: _____

DECEASED - NAME: **Luanna F. Emery** DATE OF DEATH: **April 13, 1979** COUNTY OF DEATH: **Clark**

CITY, TOWN OR LOCATION OF DEATH: **Las Vegas** HOSPITAL OR OTHER INSTITUTION: **Sunrise Hospital** INPATIENT OR OUTPATIENT: **Inpatient**

RACE: **White** ETHNIC: **Irish-English** AGE: **59** UNDER 1 YEAR: _____ UNDER 1 DAY: _____ DATE OF BIRTH: **Dec. 1, 1919** SEX: **Female**

STATE OF BIRTH: **Iowa** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** SURVIVING SPOUSE: **Horace A. Emery** WAS IN U.S. ARMED FORCES: **No**

SOCIAL SECURITY NUMBER: _____ USUAL OCCUPATION: **Homemaker** KIND OF BUSINESS OR INDUSTRY: **Home**

RESIDENCE - STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN OR LOCATION: **Pioche** STREET AND NUMBER: **Box 9** IN SAME CITY LIMITS: **Yes**

FATHER - NAME: **Robert L. Fenlon** MOTHER - M maiden name: **Florence Prime**

INFIRMANT - NAME: **Horace E. Emery (husband)** MAILING ADDRESS: **Box 9, Pioche, Nevada 89043**

BURIAL, CREMATION, REMOVAL, OTHER: **Burial** CEMETERY OR CREMATORY - NAME: **Paradise Mem. Gardens** LOCATION: **Las Vegas Nevada**

MUNICIPAL DIRECTOR - SIGNATURE: **David S. Bunker** NAME AND ADDRESS OF FACILITY: **Bunker Mortuary 925 L.V. Blvd. No. Las Vegas, Nev. 89101**

21a To the best of my knowledge, death of this person took place and place and date to the cause(s) stated: **Karl Meisenheimer**

21b DATE SIGNED: **4-14-79** 21c HOUR OF DEATH: **6:10 P.M.**

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: _____

22a 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) stated: _____

22b DATE SIGNED: _____ 22c HOUR OF DEATH: _____

22d PRONOUNCED DEAD: _____ 22e PRONOUNCED DEAD (HOUR): _____

22f ON: _____ 22g AT: _____

23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER): **Karl Meisenheimer, M.D. 3121 S. Maryland Pky. Las Vegas, Nv 89109**

REGISTRAR: **Wanda Turpin, Deputy** DATE RECEIVED BY REGISTRAR: **APR 16 1979**

24 IMMEDIATE CAUSE: **Cerebral Hemorrhage**

25 DUE TO OR AS A CONSEQUENCE OF: **Coagulopathy**

26 DUE TO OR AS A CONSEQUENCE OF: **Cardiogenic Shock**

27 OTHER SIGNIFICANT CONDITIONS: _____ AUTOPTIC: **No** WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER: **No**

28a ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify): _____ 28b DATE OF INJURY: _____ 28c HOUR OF INJURY: _____ 28d DESCRIBE HOW INJURY OCCURRED: _____

29a INJURY AT WORK (Specify Yes or No): _____ 29b PLACE OF INJURY: _____ 29c LOCATION: _____ 29d STREET OR R.F.D. No.: _____ 29e CITY OR TOWN: _____ 29f STATE: _____

Nº 009194

"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: **OCT 27 1992**

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

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