

When recorded mail to:

JOAN KIDWILL
4400 E. OWENS #109
LAS VEGAS, NV. 89110

AFFIDAVIT OF SURVIVING JOINT TENANT
TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss:
County of Clark)

Joan B. Kidwill , being first duly sworn on oath,
deposes and says:

1. That Affiant is over the age of twenty-one (21)
years and competent to be a witness as to the matter
hereinafter stated.

2. That Affiant is the same person named as one of
the Grantees in that certain Parcel 5-3 in the Town of Alamo
recorded in the Office of the County Recorder of Lincoln
County, Nevada, described as follows:

<u>DOCKET NO.</u>	<u>PAGE NO.</u>	<u>DATE OF RECORDING</u>
Plat A, Page 290		June 20, 1988

That the real property conveyed in said Deed is
described as follows:

Parcel 5-3 located in the South half (S $\frac{1}{2}$) of the Southwest Quarter
(SW $\frac{1}{4}$) of the Southwest Quarter (SW $\frac{1}{4}$) of the Northwest Quarter (NW $\frac{1}{4}$)
of Section 5, Township 7 South, Range 61 East, M.D.B. & M. as recorded
in Plat A, Page 290, of the official records of Lincoln County
on June 20, 1988.

3. That Thomas C Kidwill Sr is one of the Grantees
named in said Deed and is the identical person named as
Thomas C Kidwill Sr the decedent, in that certain Certificate
of Death, a certified copy of which is annexed hereto, marked

Exhibit "A", and is, by this reference, incorporated herein and made a part hereof.

DATED this 11th day of November 1992.

Joan B. Kidwill
JOAN B. KIDWILL

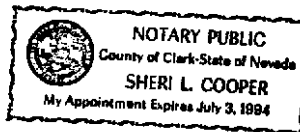
STATE OF NEVADA)
) ss:
County of Clark)

On this 11th day of November, 1992, personally appeared before me, the undersigned Notary Public, JOAN B. KIDWILL, known to me to be the same person (or satisfactorily proven to be the same person) described in and who executed the foregoing instrument and she acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Sheri L. Cooper
Notary Public

My Commission Expires:
July 3, 1994



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

TYPE OR PART OF PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	1. DECEASED—NAME First Middle Last Thomas C. Kidwill		2. DATE OF DEATH (Month, Day, Year) September 23, 1992	
PRECEDENT	3. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		4. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Desert Springs Hospital	
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		6. SEX Male	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK RECORDING COMPLETION OF RESIDENCE HERE	7. STATE OF BIRTH (If not U.S.A., name country) Indiana		8. DATE OF BIRTH (Mo., Day, Yr.) July 25, 1933	
	9. SOCIAL SECURITY NUMBER		10. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) Glazier	
PARENTS	11. FATHER—NAME First Middle Last William Aubrey		12. MOTHER—Maiden Name First Middle Last Martha Raulston	
	13. RESIDENCE—STATE Nevada		14. CITY, TOWN, OR LOCATION Las Vegas	
SPOUSER	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		16. SURVIVING SPOUSE (If not, give maiden name) Joan	
	17. FUND OF BUSINESS OR INDUSTRY Construction		18. STREET AND NUMBER 4400 E. Owens #109	
CERTIFIER	19. BIRTHPLACE (City or Town, State) Las Vegas, Nevada		20. MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4400 E. Owens #109 Las Vegas, NV 89110	
	21. BURIAL, CREMATION, REMOVAL OTHER (Specify) Cremation		22. CEMETERY OR CREMATORY—NAME Desert Memorial	
CONDITIONS IF ANY (CHECK GIVE RISE TO IMMEDIATE CAUSE TAKING THE UNDERLYING CAUSE LAST)	23. FUNERAL DIRECTOR—SIGNATURE (For Person Addressed) (Such as) <i>Robert Kimes</i>		24. FUNERAL DIRECTOR LICENSE NUMBER 46	
	25. NAME AND ADDRESS OF FACILITY Desert Memorial 1111 Las Vegas Blvd. #6 Las Vegas, NV 89101		26. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) James Hogan 4241 S. Nellis Blvd. Las Vegas, Nevada 89121	
CAUSE OF DEATH	27. SIGNATURE AND TITLE <i>Jan Busti Dealy</i>		28. DATE SIGNED (Mo., Day, Yr.) SEP 25 1992	
	29. DATE SIGNED (Mo., Day, Yr.) September 24, 1992		30. HOUR OF DEATH 1151	
31. IMMEDIATE CAUSE Cardiopulmonary failure		32. INTERVAL BETWEEN ONSET AND DEATH		
33. DUE TO, OR AS A CONSEQUENCE OF Bronchopneumonia		34. INTERVAL BETWEEN ONSET AND DEATH		
35. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		36. INTERVAL BETWEEN ONSET AND DEATH		
37. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify) No		38. DATE OF INJURY (Mo., Day, Yr.) No		
39. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) No		40. HOUR OF INJURY No		
41. PLACE OF DEATH (Specify Yes or No) No		42. LOCATION No		
43. STREET OR R.F.D. No. No		44. CITY OR TOWN No		
45. STATE No		46. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		

No. 043355

STATE REGISTRAR

"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 28 1992

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 4426
 Las Vegas, Nevada 89127

702-383-1223

BOOK 106 PAGE 137

COPY

No. 100457
FILED AND RECORDED AT REQUEST OF
Joan Kidwill
June 9, 1993
7 50 MINUTES PAST 10 O'CLOCK
P.M. IN BOOK 106 OF OFFICIAL
RECORDS, PAGE 135 LINCOLN
COUNTY, NEVADA.
Yuriko Setzer
COUNTY RECORDER
By: Leslie Boucher Deputy