

19009291

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

MARTHA M LUNDY, 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 MARTHA M LUNDY the person named as MARTHA M LUNDY, one of the grantees in that certain deed recorded APRIL 7, 1983, as Document No. 77443 in Book 54, Page 134, of OFFICIAL RECORDS, in the office of the County Recorder of Clark County, State of Nevada.
LINCOLN

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

X Martha M. Lundy
MARTHA M LUNDY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

On 11-18-93 before me, THE UNDERSIGNED personally appeared MARTHA M LUNDY

_____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.
Signature Gail Long



NOTARY PUBLIC
STATE OF NEVADA
County of Clark
GAIL LONG
My Appointment Expires March 28, 1994

(This area for official notarial seal)

3020 (1/91) — (Revised) First American Title Company

Lincoln County

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

004868

LOCAL FILE NUMBER		STATE FILE NUMBER	
004868		Clark	
DECEASED--NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
Raymond Henry LUNDY		2 September 30, 1991	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION--Name (If not either, give street and number)	
Las Vegas		Desert Springs Hospital	
RACE--(a) White, Black, Amer.-Indian, etc. (Specify)		SEX	
White		Male	
WAS DECEASED OF HISPANIC ORIGIN? Specify (1) yes (2) no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE--Last Birthday (Years)	
		86	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
California		March 14, 1905	
CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, SPOUSE (Specify)	
U.S.A.		Married	
SUSVIVING SPOUSE (If wife, give maiden name)			
Martha Davis			
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
Mechanic		Automobile Repairs	
RESIDENCE--STATE		CITY, TOWN, OR LOCATION	
Nevada		Clark	
FATHER--NAME First Middle Last		MOTHER--MAIDEN NAME First Middle Last	
Wilson Lundy		Gertrude St. John	
INFORMANT--NAME (Type or Print)		MAILING ADDRESS (Sheet or R.F.D. No., City or Town, State, Zip)	
Martha M. Lundy		120 Tamarack Drive, Henderson, Nevada 89015	
BURNIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY--NAME	
Burial		Woodlawn Cemetery	
FUNERAL DIRECTOR--SIGNATURE (If Particular)		NAME AND ADDRESS OF FACILITY	
<i>[Signature]</i>		Bunker Mortuary	
200c 925 Las Vegas Blvd. N., Las Vegas, Nevada 89101			
211 To the best of my knowledge, death occurred at the time, date, place and cause stated		224 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	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
10-1-91		OCT 04 1991	
HOUR OF DEATH		HOUR OF DEATH	
4:20am			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
Arshad Iqbal, M.D. 3006 S. Maryland Pkwy. Las Vegas, Nevada 89109			
228 ON		228 AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CLONER) (Type or Print)		LICENSE NUMBER	
Arshad Iqbal, M.D. 3006 S. Maryland Pkwy. Las Vegas, Nevada 89109		3567	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a <i>[Signature]</i>		OCT 04 1991	
24b DEATH DUE TO COMMUNICABLE DISEASE		24c YES <input type="checkbox"/> NO <input type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) OR (b) OR (c))		Interval between onset and death	
PART I (a) congestive heart failure		Few days	
(b) coronary artery disease		Few years	
PART II OTHER SIGNIFICANT CONDITIONS--Consider all contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
subdural hematomas		26 No	
28 ACC. SUICIDE, HOW, UNDER		29 DATE OF INJURY (Mo., Day, Yr.)	
patient fell		6-30-91	
29a HOURS		29b HOUR OF INJURY	
Unknown		Unknown	
29c DESCRIPTION OF INJURY OCCURRED		29d WHILE WORKING PLANTS AT HOME	
29e INJURY AT WORK (Specify Yes or No)		29f PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify)	
NO		Home	
29g LOCATION		29h STREET OR R.F.D. No.	
		120 Tamarack Drive Henderson NV	

STATE REGISTRAR

No. 029573

"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: NOV 18 1993

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

BOOK 108 PAGE 66

COPY

101194

FILED AND RECORDED AT HERBERT
Cow County Title

November 30, 1993

FILED 35 MINUTES PAST 4 O'CLOCK

P. M. BOOK 108 OF OFFICE

CLERK PAGE 65 LINCOLN

COUNTY, NEVADA.

Yuriko Setzer

By Leslie Boucher, Deputy