

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
                          ) ss  
COUNTY OF CLARK )

LUCILLE S. PIKE 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 \_\_\_\_\_ the person  
named as LUCILLE S. PIKE, one of the  
grantees in that certain deed recorded October 1, 1980, as Document  
No. 69857 in Book 39, Page 561, of Official Records, in the office of  
LINCOLN  
the County Recorder of ~~Clark~~ Lincoln County, State of Nevada.

That MALCOLM J. PIKE was  
one of the grantees named in said deed and was the identical person named as \_\_\_\_\_  
MALCOLM JOHNSON PIKE, the decedent,  
in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Lucille S. Pike  
LUCILLE S. PIKE

Subscribed and sworn to before me this  
8th day of \_\_\_\_\_  
November, 1994

Amelia C. Ponte  
Notary Public in and for said County and State

WHEN RECORDED MAIL TO:  
LUCILLE S. PIKE  
1028 E. Norman  
Las Vegas, NV. 89104

102750

Fidelity National Title

November 17, 1994

25

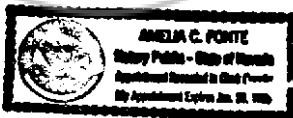
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Yuriko Setzer

By Lucille Boucher Deputy

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Lincoln County

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

TYPE OR PRINT IN PERMANENT INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
		Malcolm Johnson PIKE	2 August 28, 1994	Clark
ACCIDENT	CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)	SEX	
	Las Vegas	1028 Norman Avenue	Male	
DATE OF DEATH	RACE—(a) White, Black, American Indian, etc. (Specify)	Has 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)	UNDER 1 YEAR UNDER 1 DAY
28	White		78	78
DATE OF BIRTH	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify Highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (if wife, give maiden name)
29	Kentucky	U. S. A.	12	Married
30	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY	
31		14a. Engineer/Retired	14b. Railroad	12 Lucille S. Shackelford
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
13	Nevada	Clark	1028 Norman Avenue	15a Yes
FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last			
14	16	17		
18	Filmora A. Pike	Elizabeth Pendleton		
INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
19	Lucille S. Pike -Wife	1028 Norman Avenue Las Vegas Nevada 89104		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State		
20	Burial	Southern Nevada Veterans Memorial Cemetery	Boulder City Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Called As Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
21	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 causes stated	21b DATE SIGNED (Mo., Day, Yr.)	21c HOUR OF DEATH	22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes and manner stated	22b DATE SIGNED (Mo., Day, Yr.)
21d	8-31-94	Before 3:10 P.M.	22c	
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	22d PRONOUNCED DEAD (Mo., Day, Yr.)	22e PRONOUNCED DEAD (Hour)		
21f			22f CA	22g AT
21g NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER. (Type or Print.)	LICENSE NUMBER			
21h	Joseph Lamencusa, M.D. 650 Shadow Lane Las Vegas Nevada 89106	21i	1965	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE		
24a (Signature)	SEP 02 1994	24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
(a) Cardio pulmonary arrest				
DUE TO, OR AS A CONSEQUENCE OF:				
(b) Coronary artery disease				
DUE TO, OR AS A CONSEQUENCE OF:				
(c)				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
diabetes mellitus, hypothyroidism	26 No	27 Yes <input checked="" type="checkbox"/>		
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
28a	28b	28c	28d	
28e INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE	
29	29a	29b	29c	

No.069016

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: mw

Date Issued: SEP 07 1994



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

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