

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 E. 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 5-2 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 247		July 19, 1994

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

Parcel 5-2 located in the South half (S½) of the Southwest Quarter (SW¼) of
the Southwest Quarter (SW¼) of the Northwest Quarter (NW¼) 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 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, 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 9th day of February 1995.

Joan B. Kidwill
JOAN B. KIDWILL

STATE OF NEVADA)
County of Clark) ss:

On this 9th day of February, 1995, 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.

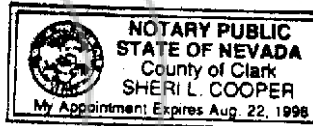
IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Sheri L. Cooper
Notary Public

My Commission Expires:

August 22, 1996

103509



RECORDED AT REQUEST OF
Joan B. Kidwill

February 17, 1995

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A 4 112 OFC

366 LINCOLN

Yuriko Setzer

By Julie Brucher, deputy

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

LOCAL FILE NUMBER		DECEDENT - NAME First Middle Last Thomas C. Kidwill		DATE OF DEATH (Month, Day, Year) September 23, 1992		STATE FILE NUMBER Clark	
CITY, TOWN, OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION - Name (if not other, give street and number) Desert Springs Hospital		If Hosp. or Inst. indicate SGA, OPDRM, Pnc. Injection (Specify) Inpatient		SEX Male	
RACE - (e.g., White, Black, American Indian, etc.) (Specify) White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> No <input type="checkbox"/> Yes, specify Mexican, Cuban, Puerto Rican, etc. No		AGE - Last Birthday (Years) Months Days 59		UNDER 1 YEAR MOS : DAYS : HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.) July 25, 1933		CITIZEN OF WHAT COUNTRY U.S.A.		Decedent's Education. Specify highest grade completed. 10		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
SURVIVING SPOUSE (If wife, give maiden name) Joan		RESIDENCE - STATE Nevada		CITY, TOWN, OR LOCATION Clark		STREET AND NUMBER 4400 E. Owens	
FATHER - NAME First Middle Last William Aubrey		MOTHER - MAIDEN NAME First Middle Last Martha Raulston		MAILING ADDRESS (Street or R.F.D. No., Day or Town, State, Zip) 4400 E. Owens #109 Las Vegas, NV 89110		INSIDE CITY LIMITS (Specify Yes or No) Yes	
INFORMANT - NAME (Type or Print) Joan Kidwill		RELATIONSHIP TO DECEASED Wife		MARRIAGE LICENSE NUMBER 46		NAME AND ADDRESS OF FACILITY Desert Memorial 1111 Las Vegas Blvd. #6 Las Vegas, NV 89101	
BURIAL OR CREMATION Cremation		CEMETERY OR CREMATORY - NAME Desert Memorial		LOCATION Las Vegas Nevada		FURNERAL DIRECTOR LICENSE NUMBER 46	
FURNERAL DIRECTOR LICENSE NUMBER 46		NAME AND ADDRESS OF FACILITY Desert Memorial 1111 Las Vegas Blvd. #6 Las Vegas, NV 89101		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. DATE BRANDED (Mo., Day, Yr.) September 24, 1992		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) and manner stated. DATE BRANDED (Mo., Day, Yr.) SEP 25 1992	
21b. HOUR OF DEATH 1151		22b. HOUR OF DEATH		21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James Hogan 4241 S. Nellis Blvd. Las Vegas, Nevada 89121		22c. PRONOUNCED DEAD (Mo., Day, Yr.) AT	
21d. 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		22d. ON		22e. AT		LICENSE NUMBER 5325	
24a. (Signature) <i>John Bristol Daily</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) SEP 25 1992		24b. YES <input type="checkbox"/> NO <input type="checkbox"/>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
24d. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I a. DUE TO, OR AS A CONSEQUENCE OF: <i>cardiomyopathy</i>		Interval between onset and death		b. DUE TO, OR AS A CONSEQUENCE OF: <i>bronchopneumonia</i>		Interval between onset and death	
c. DUE TO, OR AS A CONSEQUENCE OF: <i>embolism of pulmonary artery</i>		Interval between onset and death		d. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) No	
25a. SUICIDE, HOMICIDE, UNDET. OR PENNING INVEST. (Specify) No		DATE OF INJURY (Mo., Day, Yr.) No		HOUR OF INJURY No		DESCRIBE HOW INJURY OCCURRED No	
25b. INJURY AT WORK (Specify Yes or No) No		PLACE OF INJURY - At home, farm, school, factory, office building, etc. (Specify) No		LOCATION No		STREET OR R.F.D. No. CITY OR TOWN STATE 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

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