

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK } ss.

DALE R. SHERMAN being first duly sworn, deposes and says that affiant is over the age of 18 yrs. years and competent to be a witness as to the matters hereinafter stated.

That affiant is one in the same person named as DALE R. SHERMAN one of the grantees in that certain deed recorded AUGUST 18, 1995, as Document No. 103871 in Book 115, Page 29 of Official Records in the office of the County Recorder of Lincoln County, State of Nevada.

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

Dale R. Sherman
DALE R. SHERMAN

STATE OF NEVADA)
COUNTY OF CLARK)

On 2-24-97 personally appeared before me, a notary public,
(date)
Dale R. Sherman

personally known (person(s) appearing before notary) or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.



Jill Irvine
Notary Public signature

NO. 103295
Filed And Recorded At Request Of Barbara Jean Mason
February 28, 1997
At 15 Minutes Past 11 O'Clock
A M In Book 126 Of Official Records
Page 195 Lincoln County Nevada.

Yuriko Setzer
County Recorder
by *Yuriko Setzer*, deputy

Lincoln County

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

001439

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1 Rosetta Sharon SHERMAN		February 18, 1996		Clark	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other give street and number)		SEX	
Las Vegas		University Medical Center		Trauma Unit Female	
RACE—In g. White, Black, American Indian, and (Specify)		Was Decedent of Hispanic Origin? Specify () Yes (X) No if Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
White		No		To 55	
STATE OF BIRTH (if not U.S.A., name country)		CITIZEN OF WHAT COUNTRY (Decedent's Education grade completed)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
Idaho		U.S.A.		12 12 Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (if not, give maiden name)	
[REDACTED]		Homemaker		Dale Sherman	
RESIDENCE—STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER	
Nevada		Lincoln		Piocche	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		INDICE CITY LIMITS (Specify Year if 1959)	
Ray Harmison		Geneva Crays		15a Yes	
INFORMANT—NAME (Type or Print)		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
Dale Sherman		P.O. Box 654, Piocche, Nevada 89043			
19a Burial, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
Cremation		Paradise Valley Crematory		Las Vegas Nevada	
FUNERAL DIRECTOR—SIGNATURE (If Person Addressed Sign)		FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY		DAVIS FUNERAL HOME	
[Signature]		202 2127 W. Charleston Blvd., Las Vegas, Nevada 89102		[Signature]	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH	
[Signature]		2/22/96		6:47 p.m.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a ON (Mo., Day, Yr.)		22b AT (Mo., Day, Yr.)	
Robert A. Jordan, M.D., Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV		02/18/96		6:47 p.m.	
23a REGISTRAR (Signature)		DATE REGISTERED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
[Signature]		FEB 22 1996		24a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I		25a Exsanguination		Interval between onset and death	
25b Multiple crushing injuries of lower extremities		Interval between onset and death		Interval between onset and death	
PART II		26 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
[REDACTED]		[REDACTED]		27. Yes	
28a ACC. BLUDGE, MOW, LIMBIT., OR OTHER INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY (Mo., Day, Yr.)	
Accident		Feb 18 1996		6:47 P	
28b INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—In home, farm, street, factory, office, building, etc. (Specify)		DESCRIBE HOW INJURY OCCURRED	
No		Roadway (Dirt)		MVA/Passenger, rollover, single car, 7.6 m. from pavement, Lincoln County, NV	

STATE REGISTRAR

No. 094317

"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

Date Issued: FEB 24 1997

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

CCX 126 PAGE 196