AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA COUNTY OF-CHARK (SE.	
LACOLO	
ELITABETH L. CILLIHAN	being first duly
sworn, deposes and says that affiant is over the age of -	(2i) years and competent
to be a witness as to the matters hereinafter stated.	. \ /
That affiant is the person	named as FLIZAGETH L. GILLIHAN
	one of the grantees in
that certain deed recorded 4-14-94	as Document No. 101714
in Book, roge at, or	in the office of the
County Recorder of Clark County, State of Nevada.	
That CLEMAN H, GILLIHAN	was
one of the grantes agmed in said deed and was the ide	ntical person named as the decedent,
in that certain Death Certificate, certified copy of which is	annexed hereto and made a part hereaf.
STATE OF NEVADA COUNTY OF CHARK LINCOLU	Elizabeth L. Lhuhan
On Javaiary 23,1995 the undersigned, a Notary Public in and for said County and State personally appeared Elizabeth L. Ellihary	
known to me to be the person whose name(s)	
subscribed to the within instrument, and acknowledged to me that \$\sqrt{\gamma}\$ executed the same. WITNESS my hand and Official Seal,	TRISTA FOGLIANI MOTARY PUBLIC - STUTE OI NEWLOA
(SEAL) JUST A MUNICIPAL NOTARY Public Engineers and County and State.	CERTIFICATE e 97-1213-11 APPT, EXP. MAY 2, 2001
AFTER RECORDING MAIL TO	
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		DEPARTME	DIVISION OF I	HEALTH		;		
. <u>W</u> 		STATE OF NEVA	VITAL STATI ADA — DEPARI HEALTH — SE CERTIFICAT	TMENT OF H CTION OF VI	ITAL STATIS			
TYPE DECEASE	LOCAL FILE MUMBER ED-MANE FIRE	Middle	<u> </u>		DATE OF DEATH (A	Month, Day, Year)	STATE FILE NUMBER	
PERMANENT 1	Cleman	Huell GIL	LIHAN	< s	2January	26, 1997	34 Lincoln	
Cal	liente	* Grover C.	Dils Medi	cal Cente	er	n Hosp or Inst Ingest Arm. sneathert (Specify 34 Inpatien	t Male	
Whi	ite 🗀	Was Decedent of Hisbanic Origin apacity Mesican, Cuban, Puerto R 6.	Specify 2 yes Xno if lican, etc	yes, AGE—Last Birinday (Yes) 7s. 58	UNDERTY	EAR UNDER I DA AYS HOURS MI	AY DATE OF BUILDING DAY Y	Yrj
STATE OF	F BIRTH S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education grade completed.	n. Specify highwal	MARRIED, NEVER	H MARRIED.	SURVIVING SPOUSE (Il sate, gare mai	aden nemer
	Cansas ECURITY NUMBER	96 U. S. A. USUAL OCCUPATION (Great Working Life, Even # Recreat)		ng Most of	KIND OF BUSINE	ried Ess on Woustry	12 Elizabeth Far	nswor
	CE-STATE COUN	" Fuel Syste		c 🔭		ed States . TAND NUMBER	TRISIDE CITY LIMITS	<u>, </u>
154Nev		Lincoln Media	15c Pioche	WOTHER-MAIDEN		.0. Box 12	/Specify Year or Nay	!
PARENTS 16.	Clem	Porter G	The state of the s	17.	Audie	T 196	Richardson	
'BEEli	zabeth Gillih	an	180 P.O.	Box 123		Nevada 89	043	i
19aR1.7	CREMATION, REMOVAL OTHE	I	che Cemeter	N	\	19c Pioche	City or fown Sum. Nevada	
	DIRECTOR-SIGNATURE	FUNERAL DI LICENSE NU	RECTOR NAME AND	ADDRESS OF FAC		combe Fune:	ral Home	
> 	due to the causers) stated.	Sealin occurred at the time, date a	and brace and		Za. On the basis of e at the time, date		da 89008 histogation, in my opinion death occur the cause(s) and marker stated.	arred
Desired to	(Signature and Fitte) >	HOUR OF DEAT	4000)	କ୍ରି <u>ଟ</u> (SA	Signature and Tates ATE SIGNED (Mo., I	>	HO'JR OF DEATH	
CERTIFIED To a Compete day	216. 1-27-97 NAME OF ATTENDING PHYSI	210 0835	FR /Type or Prest)	22 22 23 24 24 25 25 26 26 26 27	26. RONOUNCED DEAD		ZZt: PRONOLINCED DEAD (Hour)	
- 4	21d	ERTIFIER IPHYSICIAN, ATTENDIN		1 22	24 ON	Ι,	22+ AT LICENSE NUMBER	
Larcerne	24 Earl Plunks	796	Box 30 Cai	liente, N	Nevada 89	9008	230 4798	
CONDITIONS F ANY WHICH GAVE DISC TO	nure Seum	Dear	DATE RE	CEIVED BY REGISTI 1-27-97	RAR (Mo. Day, Yr)	DEATH DUE TO CO	OMMUNICABLE DISEASE	
CAUSE	_ ,	Oct 111 Protes				.1	• Interval between onset and	
UNDERLYING PART CAUSE LAST	DUE TO, OH AS A COMSE	EQUENCE OF	7 51 20j				Interval between onser and o	osam .
└→ │ {		Time Newski	tatkere -				Interval between order and o	death
CAUSE OF PART	OTHER SIGNIFICANT CONDITI	TONS—Condens controvers to a	death but not resulting in	VASCEE (AUTOPSY /Soo Yes of	ocity WAS CASE REFERRED TO CORONER (Special Yes of No.	alor .
ACC SUM OR PENDI (Society) 28a	CIDE. HOM, UNDET GATE CHING INVEST. 286		OF INJURY DE	SCRIBE HOW INJUI			<u>l •</u>	
		E OF INJURY—All name, tarm street tusting, etc. (Specif	et factory, officer LO	CATION	STREET OR R F	D. ten. GP	TY OR TOWN STATE	
(Specify Vo	201	all and a second	1	1				
Specify V 2ba			STATE RE	EGISTRAR		N	lo. 103586	
23.25 P. 10.25 P. 10.			STATE RE	GISTRAR		N 13	10.103586 2 <u>~34½</u> –	-
		his is to certify that the	above is a true:		ору "	N Thomas	10.103586 2 346 – 2 Sylva	
and the second s		f the certificate on file i	above is a true:	and correct co	ору 🌙	yr 13 Yrmn	2 346 -	

