

**AFFIDAVIT-TERMINATION OF JOINT TENANCY**  
(Death of a Joint Tenant)

Nyles D. Smith, of legal age, being first duly sworn, deposes and says:  
(Affiant Name)

That Barbara Ann Smith, the decedent mentioned in the attached certified copy  
(Deceased Name as shown on Death Certificate)

Certificate of Death, is the same person as Barbara Ann Smith, named as one  
(Deceased Name as shown on Deed)

of the parties in that certain Grant, Bargain, Sale Deed, dated on this 14 day of  
(Type of Document) July, 19 95, executed by James C. Darland and Pamela K. Darland/ to  
(Grantor)

Nyles Deloy Smith and Barbara Ann Smith, husband and wife, as Joint Tenants, recorded as Instrument No. \_\_\_\_\_  
(Grantee)

103800, on this 4 day of August, 19 95, in book \_\_\_\_\_

of Official Records of Lincoln County, Nevada, covering the following described property situated in  
the City of \_\_\_\_\_, County of Lincoln, State of Nevada. (Set forth legal description  
and commonly known street address, if known)

That Southwest Quarter (sw $\frac{1}{4}$ ) of the Southwest quarter (SW $\frac{1}{4}$ ) of the  
Southeast quarter (SE $\frac{1}{4}$ ) of Section 14, Township 3 South, Range 67  
East, M.D.M. & M. Lincoln County, Nevada.

ASSESSORS PARCEL NO. 13-050-59

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of  
\$ \_\_\_\_\_

In Witness Whereof, I/We have hereunto set my hand/our hands this 30 day of October, 19 98

Nyles Deloy Smith  
(Signature)  
Nyles Deloy Smith  
(Print or type name here)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print or type name here)

STATE OF NEVADA )  
COUNTY OF Clark )  
On this 30 day of October, 19 98  
personally appeared before me, a Notary Public  
Nyles Deloy Smith

RECORDING REQUESTED BY AND MAIL TO  
NAME: Nyles D. Smith  
ADDRESS: 4112 Tybo Avenue  
CITY/ST/ZIP: Las Vegas, NV 89110

If applicable mail tax statements to  
NAME  
ADDRESS  
CITY/ST/ZIP

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

[Signature]  
(Notary Public)  
**NOTARY PUBLIC**  
**DAISY BRIDGES**  
STATE OF NEVADA  
COUNTY OF CLARK  
MY APPOINTMENT EXPIRES  
NOVEMBER 1, 1998  
Notary Seal

SPACE BELOW THIS LINE FOR RECORDERS USE ONLY  
**111919**  
FILED AND RECORDED AT REQUEST OF  
Mark J. Brown, Ltd.  
NOV - 23 - 1998  
AT 5 MINUTES PAST 2 O'CLOCK  
P. M. IN BOOK 138 OF OFFICIAL  
RECORDS PAGE 353 LINCOLN  
COUNTY, NEVADA  
[Signature]  
COUNTY CLERK

BOOK 138 PAGE 353

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1		Barbara Ann SMITH		2 August 28, 1998		3a Clark
PRECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate D.O.A., O.P.R.M., Rm. Inpatient (Specify)		SEX
	3b Las Vegas		3c Nathan Adelson Hospice		3e Inpatient		4 Female
IF DEATH OCCURRED IN INSTITUTION SET IN CHECKER READING COMPLETION OF RESIDENCE ITEMS	RACE—(If p. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify [ ] yes [X] no if yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	DATE OF BIRTH (Mo., Day, Yr.)
	5 White		6		7a 55	7b : 7c :	8 Feb. 16, 1943
PARENTS	STATE OF BIRTH (If not U.S.A. Name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a Utah		9b U.S.A.		10 12		11 Married
DISPOSITION	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)
	13		14a Bank Clerk		14b Banking		12 Niles Smith
CERTIFIER	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER
	15a Nevada		15b Clark		15c Las Vegas		15d 4112 Tybo Ave.
CAUSE OF DEATH	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		INSIDE CITY LIMITS (Specify Yes or No)
	16 Ora William Jones		17 Fay Neel		18a 4112 Tybo Ave., Las Vegas, NV 89110		15e Yes
REGISTRAR	INFORMANT—NAME (Type or Print)		MAILING ADDRESS		NAME AND ADDRESS OF FACILITY		
	19a Niles Smith - Husband		19b 4112 Tybo Ave., Las Vegas, NV 89110		19c Spanish Fork Cemetery Utah		
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION—City or Town State		
	19a Removal/Burial		19b Spanish Fork Cemetery		19c Spanish Fork Utah		
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		
	20a <i>Paul C. Nelson</i>		20b 49		20c METCALF MORTUARY, Box 797, Logandale, NV 89021		
CAUSE OF DEATH	21a To the best of my knowledge, death occurred at the time, date and place stated due to the cause(s) stated (Signature and Title)		21b DATE SIGNED (Mo., Day, Yr.)		21c HOUR OF DEATH		
	21a <i>Paul Michael, MD</i>		21b 8-28-98		21c 9:10am		
CAUSE OF DEATH	21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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. (Signature and Title)		22b DATE SIGNED (Mo., Day, Yr.)		
	21d Paul Michael, MD, 3920 So. Eastern, Las Vegas, NV 89119		22a <i>Paul Michael, MD</i>		22b AUG 28 1998		
CAUSE OF DEATH	22c ON		22d AT		22e PRONOUNCED DEAD (Mo., Day, Yr.)		
	22c		22d		22e		
CAUSE OF DEATH	23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		23b LICENSE NUMBER		24a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	23a Paul Michael, MD, 3920 So. Eastern, Las Vegas, NV 89119		23b 5214		24a AUG 28 1998		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CAUSE OF DEATH	24a (Signature)		24b DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24a <i>Paul Michael, MD</i>		24b AUG 28 1998		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		26 PART (a)		26 PART (b)		Interval between onset and death
	25 Metastatic Ovarian Cancer		26 PART (a) DUE TO, OR AS A CONSEQUENCE OF:		26 PART (b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
CAUSE OF DEATH	26 PART (c)		26 PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		26 PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		Interval between onset and death
	26 PART (c)		26 PART (c)		26 PART (c)		Interval between onset and death
CAUSE OF DEATH	27 ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		27 DATE OF INJURY (Mo., Day, Yr.)		27 HOUR OF INJURY		27 DESCRIBE HOW INJURY OCCURRED
	27		27		27		27
CAUSE OF DEATH	28a INJURY AT WORK (Specify Yes or No)		28b PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28c LOCATION		28d STREET OR R.F.D. No.
	28a		28b		28c		28d
CAUSE OF DEATH	29a CITY OR TOWN		29b STATE		29c		29d
	29a		29b		29c		29d

STATE REGISTRAR

No. 123615

"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

DONALD S. KWALICK, MD, M.P.H.  
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: AUG 28 1998

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 3902  
Las Vegas, Nevada 89127  
702-383-1223  
Tax ID# 88-0151573

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