

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK }

Dorothy Gelhart 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 one in the same as the person named as Dorothy Gelhart one of the grantees in that certain deed recorded (see listing of 3 properties below) as Document No. _____ in Book (see below) n/a of see below in the office of the County Recorder of Clark County, State of Nevada.

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

Dorothy Gelhart
Dorothy Gelhart

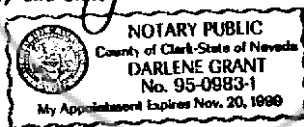
Subscribed and sworn to before me this 15 day of May 1999
[Signature]
Notary Public in and for said County and State

First Property : Deed recorded July 27, 1995 Document No. 103758 Book 114 Page 530

Second property: Deed recorded July 30, 1993 Document No. 100706 Book 106 Page 587

Third Property: Deed recorded August 26, 1986 Document No. 85500 Book 71 page 652

when recorded mail to:
Dorothy Gelhart
5352 W. Reiter
Las Vegas, Nev.



THE COPY SHOP-80

NO. 113118

FILED AND RECORDED AT REQUEST OF
Land Title Escrow Service
July 28, 1999

AT 45 MINUTES PAST 02 O'CLOCK
PM 143 OF OFFICIAL
RECORDS PAGE 44 LINCOLN

COUNTY, NEVADA.
Leslie Boucher
COUNTY RECORDER
By Darlene Grant Deputy

Lincoln County

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

000728

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME First Middle Last Leon L. GELHART			2. DATE OF DEATH (Month, Day, Year) January 25, 1999		3. COUNTY OF DEATH Clark	
	4. CITY, TOWN OR LOCATION OF DEATH Las Vegas			5. HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) Valley Hospital		6. ROOM OR INST. (Specify) Emer. Room	
PRECEDENT	7. RACE—(1) White, (2) Black, (3) American Indian, (4) Mexican, (5) Other (Specify)		8. SEX Male		9. DATE OF BIRTH (Month, Day, Yr.) Jul 19, 1935		
	10. AGE—Last Birthday (Years) Months Days 63		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wid., give maiden name) Dorothy V. Hiner		
FROM RECORD IN SECTION BE NEAREST SECTION DIVISION OF SERVICE FOR	13. STATE OF BIRTH (if not U.S.A., name country) California		14. CITIZEN OF WHAT COUNTRY U.S.A.		15. DECEASED'S EDUCATION—Specify highest grade completed 13		
	16. SOCIAL SECURITY NUMBER ██████████		17. USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired) Lighting & Sound Tech / Retired		18. KIND OF BUSINESS OR INDUSTRY Entertainment		
PARENTS	19. FATHER—NAME First Middle Last Herbert Sherman Gelhart		20. MOTHER—Maiden Name First Middle Last Lois Rosemond Zedaker				
	21. INFORMANT—NAME (Type or Print) Dorothy V. Gelhart - Wife			22. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5352 West Reiter Avenue Las Vegas Nevada 89108			
CEREBRATION	23. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		24. CEMETERY OR CREMATORY—NAME Pala Memorial Park-Northwest		25. LOCATION—City or Town State Las Vegas, Nevada		
	26. FUNERAL DIRECTOR LICENSE NUMBER 58		27. NAME AND ADDRESS OF FACILITY Pala Mortuary - Cheyenne 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129				
CERTIFIER	28. DATE SIGNED (Month, Day, Yr.) 1-27-99		29. HOUR OF DEATH 7:32 A.M.		30. SIGNATURE AND TITLE OF CERTIFIER Lary Simms, DO, MPH, Chief Med. Exam.		
	31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Lary Simms, DO, MPH, Chief Med. Exam., 1704 Pinto Ln., Las Vegas, NV		32. ON 1-25-99		33. AT 7:32 A.M.		
CERTIFYING PHYSICIAN	34. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lary Simms, DO, MPH, Chief Med. Exam., 1704 Pinto Ln., Las Vegas, NV		35. LICENSE NUMBER 880		36. REGISTRAR (Signature) Lily Anderson Deputy		
	37. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PART 1, AND 1, 2, AND 3) Arteriosclerotic cardiovascular disease		38. DATE RECEIVED BY REGISTRAR (Month, Day, Yr.) JAN 28 1999		39. DEATH DUE TO COMMUNICABLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
CONDITIONS IF ANY WHICH MAY BE LEGALLY RELEVANT TO THE PROCEEDING CAUSE LAST	PART 1 40. DUE TO, OR AS A CONSEQUENCE OF: Arteriosclerotic cardiovascular disease		41. INTERVAL BETWEEN ONSET AND DEATH		42. PART 2 43. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		
	44. ACC., SUICIDE, HEAL. UNDET. OR PENDING INQUEST. (Specify) None		45. DATE OF BIRTH (Month, Day, Yr.) Jul 19, 1935		46. HOUR OF BIRTH 7:32 A.M.		
PARENTS	47. PLACE OF BIRTH—At home, farm, school, factory, office building, etc. (Specify) None		48. DESCRIBE HOW BIRTH OCCURRED None		49. AUTOPSY (Specify Yes or No) No		
	50. BIRTH AT WORK (Specify Yes or No) None		51. LOCATION None		52. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		

No. 143530

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



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

By: *[Signature]*

Date Issued: FEB 04 1999

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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