

AFFIDAVIT TERMINATING JOINT TENANCY

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

STATE OF NEVADA)  
                  ) ss:  
COUNTY OF CLARK)

ROSELEEN R. ANDERSON, being first duly sworn, deposes and says:

1. That affiant is over the age of twenty-one years and has knowledge of the facts hereinafter stated.

2. That affiant is the person named as ROSELEEN R. ANDERSON, one of the grantees named in that GRANT, BARGAIN, SALE DEED dated January 21, 1994, and executed by UNLV FOUNDATION (University of Las Vegas Nevada Foundation), as GRANTOR, to RONALD H. ANDERSON and ROSELEEN R. ANDERSON, husband and wife as joint tenants, GRANTEES, which deed was recorded on February 8, 1994, as Instrument No. 101531 in Book 108 of Official Records at Page 622 in the office of the County Recorder of Lincoln County, Nevada, and covering real estate described as:

See Exhibit "A" attached hereto for complete legal description.

3. That RONALD H. ANDERSON, a joint owner of the above-described real estate, died on February 19, 1999, and was the identical person named as RONALD H. ANDERSON, the decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

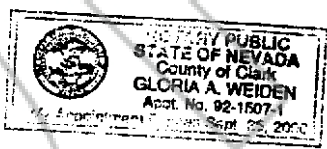
4. That affiant is the surviving joint tenant of said decedent with respect to said real estate.

*Roseleen R. Anderson*  
ROSELEEN R. ANDERSON

STATE OF NEVADA )  
                          ) ss:  
COUNTY OF CLARK )

On this 16th day of March, 1999, personally appeared before me, a Notary Public, ROSELEEN R. ANDERSON, who acknowledged to me that she executed the foregoing Affidavit Terminating Joint Tenancy.

*Gloria A. Weiden*  
NOTARY PUBLIC, STATE OF NEVADA.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Exhibit "A" to  
Affidavit Terminating Joint Tenancy

SITUATED IN THE COUNTY OF LINCOLN, STATE OF NEVADA DESCRIBED AS  
FOLLOWS:

THE WEST ONE-HALF (W 1/2) OF THE NORTHWEST ONE-QUARTER  
(NW 1/4) OF THE SOUTHWEST ONE-QUARTER (SW 1/4) OF THE NORTHWEST  
ONE-QUARTER (NW 1/4) AND THE SOUTHWEST ONE-QUARTER (SW 1/4) OF THE  
SOUTHWEST ONE-QUARTER (SW 1/4) OF THE NORTHWEST ONE-QUARTER  
(NW 1/4), AND THE WEST ONE-HALF (W 1/2) OF THE SOUTHEAST ONE-  
QUARTER (SE 1/4) OF THE SOUTHWEST ONE-QUARTER (SW 1/4) OF THE  
NORTHWEST ONE-QUARTER (NW 1/4) AND THE SOUTHEAST ONE-QUARTER  
(SE 1/4) OF THE SOUTHEAST ONE-QUARTER (SE 1/4) OF THE SOUTHWEST  
ONE-QUARTER (SW 1/4) OF THE NORTHWEST ONE-QUARTER (NW 1/4) OF  
SECTION 2, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.&M., LINCOLN  
COUNTY, NEVADA.

APN#13-030-11

(containing 22.5 acres, more or less)

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

TYPE OF PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
	1.	Ronald H. ANDERSON	February 19, 1999	Clark
DECEDENT	2.	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)	3. SEX
	3a.	Las Vegas	Columbia Sunrise Hospital	Male
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	4.	RACE—(a) g. White, Black, American Indian, etc. (Specify)	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, specify Mexican, Cuban, Puerto Rican, etc.	5. DATE OF BIRTH (Mo., Day, Yr.)
	5.	White		May 22, 1940
	6.	CITIZEN OF WHAT COUNTRY	Decedent's Education: Specify highest grade completed.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
	9a.	California	U.S.A.	12. Surviving Spouse (if wife, give maiden name)
	10.		12	Roseleen Lubitz
	13.	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)	14a. KIND OF BUSINESS OR INDUSTRY
	13.		Traffic Manager / Retired	Microsoft Industry
	15a.	RESIDENCE—STATE	CITY, TOWN, OR LOCATION	15b. STREET AND NUMBER
	15a.	Nevada	Lincoln Caliente	701 Sharon
	15c.			15d. INSIDE CITY LIMITS (Specify Yes or No)
	15c.			No
PARENTS	16.	FATHER—NAME First Middle Last	MOTHER—MAIDEN NAME First Middle Last	
	16.	A. P. Anderson	Eileen	
	17.	INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	17.	Roseleen R. Anderson - Wife	P.O. Box 1037 Caliente Nevada 89008	
DISPOSITION	18a.	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
	18a.	Creation	Palm Crematory	Las Vegas, Nevada
	19a.	FLUNERAL DIRECTOR—SIGNATURE (Person Acting as Such)	FLUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
	19a.	<i>[Signature]</i>	61	Affordable Cremation And Burial
	20a.			20c. 2457 N. Decatur Blvd, Las Vegas, Nevada 89108
CERTIFIER	21a.	(Signature and Title)	DATE SIGNED (Mo., Day, Yr.)	21c. HOUR OF DEATH
	21a.	<i>[Signature]</i>	2-23-99	12:00 PM
	21b.	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21d. ON
	21b.			21d. AT
	21d.	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	LICENSE NUMBER	
	21d.	John Bowers M.D. 1090 E. Desert Inn Las Vegas, Nevada 89109	6721	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST	22a.	REGISTRAR (Signature)	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
	22a.	<i>[Signature]</i>	FEB 25 1999	YES <input type="checkbox"/> NO <input type="checkbox"/>
	23.	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PART 1, AND 1, 2, AND 3.)		
	23.	Cardio pulmonary arrest		Interval between onset and death
	23.	Ischemic Cardiomyopathy		Interval between onset and death
	23.	Chronic Obstructive Pulmonary Disease / Emphysema		Interval between onset and death
CAUSE OF DEATH	24.	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	ALTOPTSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
	24.	Adult onset Diabetes	NO	NO
	25a.	MODE, SOURCE, HOW, UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY
	25a.			
	25b.	PLACE OF INJURY—At home, farm, school, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. NO.
	25b.			CITY OR TOWN STATE

STATE REGISTRAR

No. 131318

"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:

MAR 11 1999

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

BOOK 144 PAGE 444

COPY

NO. 113523

FILED AND RECORDED AT REQUEST OF  
Callister & Reynolds  
Oct. 26, 1999

AT 32 MINUTES PAST 03 O'CLOCK  
PM IN BOOK 144 OF OFFICIAL  
RECORDS PAGE 441 LINCOLN  
COUNTY, NEVADA.

Leslie Boucher  
COUNTY RECORDER

By Janice Keeto Deputy

Missing  
Document #  
113524

Malfunction of  
Stamp