

006-041-49

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
COUNTY OF LINCOLN)

ss.

Thomas Byrne, husband, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is Thomas Byrne, the person named as Thomas Byrne, one of the grantees in that certain deed recorded as Document No. 55065 in Book 11, of Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, and which property is known and described as follows, to wit:

The South half of the Southwest Quarter (S 1/2 SW 1/4) of U.S. Government Lot Numbered Nine (9) in Section 2, Township 4 North, Range 67 East, M.D.B.& M.

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

Thomas Byrne
Affiant

STATE OF NEVADA)
)
COUNTY OF LINCOLN)

ss.

On this 17th day of February, 2000, personally appeared before me, a Notary Public in and for Said County of Lincoln, State of Nevada, Thomas Byrne, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Trista Fogliani
NOTARY PUBLIC

When recorded mail to:
T.R. Byrne
213 Bonqat Pl
L.V. NV. 89145



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Lincoln County

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OF PART OR PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last 1. Betty Jeanne BYRNE			DATE OF DEATH (Month, Day, Year) 2. September 26, 1999		
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 213 Bengal Place		SEX 3d. Female
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White			Was Decedent of Hispanic Origin? Specify (1) Yes (2) No if yes. 6. No	AGE—Last Birthday (Years) 7a. 71	UNDER 1 YEAR MO : DAYS 7b. : :
IF DEATH OCCURRED IN INSTITUTION SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 8a. West Virginia			CITIZEN OF WHAT COUNTRY 8b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 9. Oct 3, 1927
	SOCIAL SECURITY NUMBER 13. [REDACTED]			USUAL OCCUPATION (Show kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator / Retired		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) 11. Married
PARENTS	RESIDENCE—STATE COUNTY 15a. Nevada Clark			CITY, TOWN, OR LOCATION 15c. Las Vegas		SURVIVING SPOUSE (If wife, give maiden name) 12. Thomas R. Byrne
	FATHERS—NAME First Middle Last 16. Ode E. Russell			MOTHER—MAIDEN NAME First Middle Last 17. Nancy L. Barnes		
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Thomas R. Byrne - Husband			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 213 Bengal Place Las Vegas Nevada 89145		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation			CEMETERY OR CREMATORY—NAME 19b. Palm Crematory		LOCATION City or Town State 19c. Las Vegas, Nevada
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Personal Director or Embalmer) 20a. [Signature]			FUNERAL DIRECTOR LICENSE NUMBER 20b. 50		
	NAME AND ADDRESS OF FACILITY 20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129			21a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. DATE SIGNED (Mo., Day, Yr.) 9-28-99		
CAUSE OF DEATH	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. James D. Seely			21c. HOUR OF DEATH Before 6:00 PM		
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 22a. James Sanchez MD 7200 Cathedral Rock Las Vegas Nevada 89128			LICENSE NUMBER 22b. 6451		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR 23a. (Signature) Julie Henderson DePinto			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 23b. SEP 29 1999		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	24a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PART 1 (A) Liver Failure 2° Lvc metastasis DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death 5 months		
CAUSE OF DEATH	PART 2 (B) Small Cell Lung Cancer DUE TO, OR AS A CONSEQUENCE OF			Interval between onset and death 5 months		
	PART 3 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1 None			AUTOPSY (Specify Yes or No) 26. No		
ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) 25a.			DATE OF INJURY (Mo., Day, Yr.) 25b.		HOUR OF INJURY 25c.	DESCRIBE HOW INJURY OCCURRED 25d.
INJURY AT WORK (Specify Yes or No) 26a.			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 26b.		LOCATION 26c.	STREET OR R.F.D. No. CITY OR TOWN STATE 26d.

No.152712

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: SEP 30 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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COPY

No. **114155**
FILED AND RECORDED AT REQUEST OF
Thomas Byrge
February 17 2000
AT 43 MINUTES PAST 11 O'CLOCK
A M IN BOOK 146 OF OFFICIAL
RECORDS, PAGE 167 LINCOLN
COUNTY, NEVADA.

Leslie Boucher
COUNTY RECORDER
By Debra A. Smith, Deputy