

1 PARCEL NO. 002-192-09

2 RECORDING REQUESTED BY:  
3 Gary D. Fairman, Esq.  
4 P.O. Box 5  
5 Ely, Nevada 89301

6 AFFIDAVIT IN RE BARBARA J. SPIDLE, DECEASED  
7 TERMINATION OF JOINT TENANCY (NRS 111.365)

8 STATE OF Nevada )  
9 COUNTY OF Lincoln ) SS

10 DOUGLAS A. SPIDLE, being first duly sworn, deposes and  
11 says:

12 That affiant is the husband of BARBARA J. SPIDLE,  
13 Deceased. That Decedent died on the 8th day of March, 2001. That  
14 a certified copy of the Death Certificate is attached hereto as  
15 Exhibit "A".

16 That during the lifetime of said Decedent, certain real  
17 property was acquired in joint tenancy wherein DOUGLAS A. SPIDLE  
18 and BARBARA J. SPIDLE, husband and wife, were the Grantees. That  
19 under the laws of the State of Nevada, upon the death of BARBARA J.  
20 SPIDLE, the title and ownership of said real property became vested  
21 in DOUGLAS A. SPIDLE as the surviving joint tenant. That said real  
22 property was acquired by a Deed dated the 27th day of June, 1950,  
23 wherein BOYD L. ALEXANDER, a Widower, was the Grantor, and DOUGLAS  
24 A. SPIDLE and BARBARA J. SPIDLE were the Grantees.

25 That said Deed was recorded in Book 145, Pages 219 - 220,  
26 Lincoln County Records.

27 That the real property conveyed therein, in joint  
28 tenancy, is more particularly described as follows, to-wit:

29 A parcel of land situated within a portion of  
30 Lot 4, Block 54, town of Panaca, within  
31 Section 9, Township 2 South, Range 68 East,  
32 M.D.M., Lincoln County, Nevada, being more  
particularly described as follows:

Beginning as a point S. 00° 15' 15" E. a  
distance of 22.50 feet from the NW corner of  
said Lot 4, which is the intersection of the

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east right-of-way of 6th Street and the south right-of-way of an ingress and egress dedication as recorded in Book 47, Page 75, dated October 19, 1981;

Thence S. 00° 15' 15" E. along said east right-of-way of 6th Street a distance of 98.25 feet; Thence S. 89° 40' 00" E. a distance of 143.50 feet to a point on the west boundary of Parcel No. 1 of Parcel Maps, Book Plat "A", Page 454 as recorded in the records of Lincoln County Recorder, said point also being the SW corner of said Parcel No. 1;

Thence N. 00° 15' 15" W. along said west boundary a distance of 98.25 feet to a point of intersection on the said south right-of-way, said point being the NW corner of said Parcel No. 1;

Thence N. 89° 40' 00" W. along said south right-of-way a distance of 143.50 feet to a point of intersection on the said east right-of-way of 6th Street, and point of beginning.

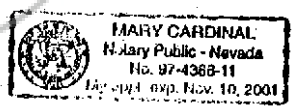
Reference being made to Record of Survey recorded October 26, 1999, in Book B, Page 255, of plats, as File No. 113520, Lincoln County, Nevada.

That by reason of the foregoing, affiant hereby declares that the title and interest of BARBARA J. SPIDLE, Deceased in the above-described real property has vested in DOUGLAS A. SPIDLE, in fee simple, and that DOUGLAS A. SPIDLE is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Douglas A Spidle  
DOUGLAS A. SPIDLE

Subscribed and sworn to before me this 27th day of July, 2001.

Mary Cardinal  
NOTARY PUBLIC



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Barbara Jean SPIDLE</b>		2. DATE OF DEATH (Month, Day, Year) <b>March 8, 2001</b>	
3. CITY, TOWN OR LOCATION OF DEATH <b>Las Vegas</b>		3a. COUNTY OF DEATH <b>Clark</b>	
4. RACE—(a) White, Black, American Indian, etc. (Specify) <b>White</b>		3b. HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>Odyssey Health Care Inc.</b>	
5. Was Decedent of Hispanic Origin? (Specify) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		6. If Hosp or Inst indicate DOA, OP/Emar, Rm, Inpatient (Specify) <b>Inpatient</b>	
7. AGE—Last Birthday (Years) <b>67</b>		7a. UNDER 1 YEAR MO: : DAYS	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>February 11, 1934</b>		7b. UNDER 1 DAY HOURS : MINS	
9. STATE OF BIRTH (If not U.S.A., name country) <b>Massachusetts</b>		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	
10. CITIZEN OF WHAT COUNTRY <b>USA</b>		9. SURVIVING SPOUSE (If wid, give maiden name) <b>Arnold D. Spidle</b>	
11. DECEASED'S EDUCATION—Specify highest grade completed <b>16+</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Nursing</b>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		11. RESIDENCE—STATE <b>Nevada</b>	
13. RESIDENCE—CITY, TOWN, OR LOCATION <b>Panaca</b>		12. RESIDENCE—STREET AND NUMBER <b>P.O. Box 763</b>	
14. RESIDENCE—INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		13. FATHER—NAME First Middle Last <b>William Theodore Warfield</b>	
15. MOTHER—MAIDEN NAME First Middle Last <b>Jenny Heath</b>		14. INFORMANT—NAME (Type or Print) <b>Douglas Spidle</b>	
16. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 763 Panaca, Nevada 89042</b>		15. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>	
17. CEMETERY OR CREMATORY—NAME <b>Hites Crematory</b>		16. LOCATION—City or Town State <b>Henderson, Nevada</b>	
18. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		17. FUNERAL DIRECTOR LICENSE NUMBER <b>6001</b>	
19. NAME AND ADDRESS OF FACILITY <b>Hites funeral home</b>		20. 438 W. Sunset Rd. Henderson, Nevada	
21. To the best of my knowledge and belief, I certify that the cause(s) stated due to the cause(s) stated <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>3-9-2001</b>		22. 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 <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) <b>0630</b>	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Bina Patel 3131 La Canada Ste 200 Las Vegas, Nevada 89109</b>		24. LICENSE NUMBER <b>8677</b>	
25. REGISTRAR (Signature) <i>[Signature]</i>		26. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>MAR 09 2001</b>	
27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>END STAGE CORONARY ARTERY DISEASE</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>ACUTE RENAL FAILURE</b> DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		28. DEATH DUE TO COMMUNICABLE DISEASE 28a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
29. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) <b>No</b>		30. DATE OF INJURY (Mo., Day, Yr.)	
31. INJURY AT WORK (Specify Yes or No)		32. HOUR OF INJURY	
33. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34. DESCRIBE HOW INJURY OCCURRED	
35. LOCATION		36. STREET OR R.F.D. No.	
37. CITY OR TOWN		38. STATE	

No. 178055

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: MAR 09 2001

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

BOOK 157 PAGE 374

COPY

NO. 116804  
FILED AND RECORDED AT REQUEST OF  
GARY FAIRMAN  
AUGUST 20, 2001  
AT 33 MINUTES P.M. 2 O'CLOCK  
P.M. 157 OF OFFICIAL  
RECORDS PAGE 372 LINCOLN  
COUNTY, NEVADA  
*Zula Bouche*  
COUNTY RECORDER