

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
COUNTY OF LINCOLN) ss.

_____ , 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 EDYTHE BELL , the person named as E. DYTHE BELL , one of the grantees named in that certain EVAN AND EDYTHE BELL Deed recorded as Instrument No. _____ in Book 42 page 267 of Official Records, in the Office of the County Recorder of LINCOLN County, State of Nevada, which property described therein is located in the County of LINCOLN State of Nevada, and which property is known and described as follows, to wit:

(Set forth legal description and, if available, the commonly known address)

That BLOCK 23 LOTS 6789 was one of the grantees named in said deed and was the identical person named as EVAN BELL the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof, which person died on the 15th day of May 19 94 in LAS VEGAS (city) NEVADA (state) CLARK (county) NEVADA (state) DA

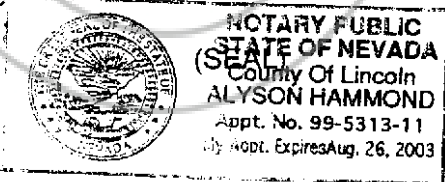
APN 1-22202
-222-63

Edythe Bell

Subscribed and sworn to before me this 3 day of June

~~18 2002~~

Alyson Hammond
NOTARY PUBLIC, In and for said County and State



WHEN RECORDED MAIL TO:

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		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1. Evan BELL		2. May 15, 1994	
	CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Las Vegas		3c. Valley Hospital	
	3e. Inpatient		4. Male	
L	5. White		6. <input checked="" type="checkbox"/> no if yes.	
	7a. 82		7b. 82	
PARENTS	8. December 3 1911		9a. Kansas	
	9b. U.S.A.		10. 14	
DISPOSITION	11. Married		12. Edythe M. Jameson	
	13. Fireman/Retired		14b. City Government	
CERTIFIER	15a. Nevada		15b. Clark	
	15c. Las Vegas		15d. 517 S. Mallard St.	
CAUSE OF DEATH	15e. Yes		16. Ridley Bell	
	17. Elizabeth Evans		18a. Edythe M. Bell -Wife	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	18b. 517 South Mallard Street Las Vegas, Nevada 89107		19a. Removal	
	19b. Westminster Memorial Park		19c. Westminster California	
FATHER—NAME First Middle Last	20a. 27		20b. 27	
	20c. Palm Mortuary 1600 S. Jones Blvd. Las Vegas, NV		21a. 5-17-94	
MOTHER—MAIDEN NAME First Middle Last	21b. 6:38 A.M.		21c. 6:38 A.M.	
	21d. Michael Schlachter MD 5701 W. Charleston Blvd. Las Vegas Nevada		21e. 55-62	
INFORMANT—NAME (Type or Print)	22a. ON		22b. AT	
	22c. ON		22d. AT	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	23a. Michael Schlachter MD 5701 W. Charleston Blvd. Las Vegas Nevada		23b. 55-62	
	23c. 55-62		23d. 55-62	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)	24a. Jan Briski, Deputy		24b. MAY 18 1994	
	24c. YES		24d. NO	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	25. SEPSIS		Interval between onset and death	
	25. Pneumonia		Interval between onset and death	
FUNERAL DIRECTOR LICENSE NUMBER	26. Chronic Obstructive Pulmonary Disease		Interval between onset and death	
	26. No		Interval between onset and death	
NAME AND ADDRESS OF FACILITY	27. No		27. No	
	27. No		27. No	
FACILITY	28a. DATE OF INJURY (M, Day, Yr.)		28b. HOUR OF INJURY	
	28c. DATE OF INJURY (M, Day, Yr.)		28d. HOUR OF INJURY	
FACILITY	28e. DATE OF INJURY (M, Day, Yr.)		28f. HOUR OF INJURY	
	28g. DATE OF INJURY (M, Day, Yr.)		28h. HOUR OF INJURY	

No. 066814

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



OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

By: *[Signature]*

Date Issued: MAY 19 1994

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 4426
 Las Vegas, Nevada 89127
 702-383-1223

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FILED FOR RECORDING
AT THE REQUEST OF

Edythe Bell

2002 JUN 3 AM 11 00

LINCOLN COUNTY RECORDED
FILE *164* DEPTNS
LESLIE BOUCHIER

COPY