

APN: \_\_\_\_\_

**AFFIDAVIT-TERMINATION OF JOINT TENANCY**

JENNIFER FIELDING, being first duly sworn, deposes and says:

That DELLORAH CALABRESE, the decedent mentioned in the attached certified Certificate of Death, is the same person as DELLORAH CALABRESE, named as one of the parties in that certain Grant, Bargain, Sale Deed, dated February 12, 1981, executed by KENNETH H. ALDRICH, JR., and ROSE M. ALDRICH to DELLORAH CALABRESE and FRANKLIN CALABRESE, husband and wife as joint tenants, recorded as Instrument No. 71654 in Book No. 42, page 639, on March 9, 1981, Official Records of Lincoln County, Nevada, covering the following described property situated in Lincoln County, Nevada:

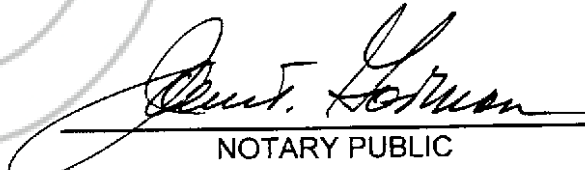
See the attached Exhibit "A"

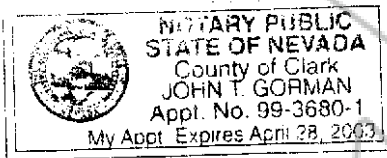
IN WITNESS WHEREOF, I have hereunto set my hand this 21<sup>st</sup> day of June, 2002.

  
\_\_\_\_\_  
JENNIFER FIELDING

STATE OF NEVADA    )  
                          ) ss:  
COUNTY OF CLARK    )

On this 21<sup>st</sup> day of June, 2002, personally appeared before me, a Notary Public, JENNIFER FIELDING, whose name is subscribed to the above instrument, and who acknowledged to me that she executed said instrument.

  
\_\_\_\_\_  
NOTARY PUBLIC



Mail tax statements and return original to:

Jennifer Fielding  
225 Red Cloud Terrace  
Henderson, Nevada 89015

EXHIBIT "A"

A parcel of land situate in the Southwest Quarter (SW $\frac{1}{4}$ ) of the Northeast Quarter (NE  $\frac{1}{4}$ ) of the Northwest Quarter (NW  $\frac{1}{4}$ ) of the Southeast Quarter (SE  $\frac{1}{4}$ ) of Section 2, Township 3 South, Range 67 East, M.D.B. & M., Lincoln County, Nevada, and being further described as follows:

BEGINNING at a point from which the North quarter corner of said Section 2 bears North 0° 08' 30" East a distance of 2424.92 feet; Thence south 84° 30' East a distance of 512.12 feet to a point on the Westerly right of way of the Union Pacific Railroad; Thence South 27° 02' West along said right of way a distance of 1112.30 feet to a point where said right of way line intersects the West boundary of the Northwest Quarter (NW  $\frac{1}{4}$ ) of the Southeast Quarter (SE  $\frac{1}{4}$ ) of said Section 2; Thence North 0° 08' 30" East a distance of 1033 feet, more or less to the point of beginning. Also described as lot Three (3) of Parcel Map filed and recorded by June Cox Pete, August 23, 1980 in Book A of Plats, Page 64, in the Official Records of Lincoln County, Nevada.

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

004682

LOCAL FILE NUMBER DECEASED—NAME First Middle Last 1. Dellorah Yvonne CALABRESE		DATE OF DEATH (Month, Day, Year) 2 September 13, 1992		STATE FILE NUMBER COUNTY OF DEATH 3a. Clark
CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Nathan Adelson Hospice		If Hosp. or Inst. Indicate DOA, OP/Embr. (Rm. Inpatient) (Specify) 3e. Inpatient
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		SEX 4. Female
STATE OF BIRTH (If not U.S.A., name country) 9a. Texas		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8 October 15, 1934
SOCIAL SECURITY NUMBER 13. [REDACTED]		Decedent's Education. Specify highest grade completed. 10. 15		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Homemaker		SURVIVING SPOUSE (If wife, give maiden name) 12. Franklin Calabrese
COUNTY 15b. Clark		CITY, TOWN, OR LOCATION 15c. Las Vegas		KIND OF BUSINESS OR INDUSTRY 14b. Home
FATHER—NAME First Middle Last 16. Dennis Gett		MOTHER—MAIDEN NAME First Middle Last 17. Louise Gerik		STREET AND NUMBER 15d. 1913 Franklin
INFORMANT—NAME (Type or Print) 18a. Franklin Calabrese		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1913 Franklin Las Vegas, Nevada 89104		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Desert Crematory		LOCATION City or Town State 19c. Las Vegas Nevada
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 48		NAME AND ADDRESS OF FACILITY 20c. 1111 Las Vegas Blvd. N. #6 Las Vegas, Nv. 89101
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) [Signature]		22a. 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. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) [Signature]		HOUR OF DEATH 21c. 0715
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. John Ellerton M.D. 2020 Palomino Las Vegas, Nevada 89106		22b. PRONOUNCED DEAD (Mo., Day, Yr.) 22c. PRONOUNCED DEAD (Hour) 22d. ON 22e. AT		LICENSE NUMBER 23b. 3861
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. SEP 15 1992		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Metastatic non-small cell lung cancer DUE TO, OR AS A CONSEQUENCE OF: (b) (c)		Interval between onset and death 76 mos		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 26. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No) 28e.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c. M
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.		
LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

No. 030674

"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:

SEP 21 1992

Date Issued:

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

*John T. German, Esq*

2002 JUL 19 PM 1 48

LEHIGH COUNTY RECORDED  
FEE *17.00* DEPT 215  
LESLIE BOUCHER

COPY