

PARCEL # 09-012-33

Original

AFFIDAVIT TERMINATING JOINT TENANCY

1
2 STATE OF ~~NEVADA~~ ^{VIROGINIA})
3 COUNTY OF ~~CLARK~~ ^{FAIRFAX}) SS.

4 FORREST D. WILLIAMS, being first duly sworn, deposes and says:

5 That affiant is over the age of 21 years and competent to be a witness as to the matters
6 hereinafter stated.

7 That affiant is the son of BARBARA M. WILLIAMS, the person named as BARBARA M.
8 WILLIAMS, one of the grantees named in that certain Quitclaim Deed recorded as Instrument No.
9 098639 of Official Records, on July 9, 1992, in the Office of the County Recorder of Lincoln
10 County, Nevada, which property described therein is located in the County of Lincoln, State of
11 Nevada, described as:

12 AN UNDIVIDED ONE-HALF INTEREST IN AND TO:

13 Northwest 1/2 of OASIF, U.S. SURVEY NO. 2017, as follows:

14 Beginning at Corner No. 1, then S. 69 degrees, 21' E. 750 feet, thence 600 feet South 20
15 degrees 10' W., thence 750 feet N. 69 degrees 21' W., thence to point of beginning, situate
16 in the Unorganized Mining District, Lincoln County, Nevada, as described in the United
States Patent thereof of record in the Office of the County Recorder of said Lincoln County,
Nevada.

17 Together with all the dips, spurs and angles, and also all the metals, ores, gold and silver
18 bearing quartz, rock and earth therein; and all the rights, privileges and franchises thereto
19 incident, appendant, and appurtenant, or therewith usually had and enjoyed; and also all and
singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise
appertaining, and the rents, issues and profits thereof.

20 Parcel No. 09-012-33.

21
22 That BARBARA M. WILLIAMS, one of the grantees named in said deed, was the identical
23 person named as BARBARA MARIE WILLIAMS, the decedent in that certain Death Certificate,
24 certified copy of which is annexed hereto and made a part hereof, which person died 10/03/01, in Las
25 ...
26 ...
27 ...
28 ...

1 Vegas, Clark County, Nevada.

2

3

Forrest D. Williams
FORREST D. WILLIAMS

4 SUBSCRIBED AND SWORN to,
5 before me this 31 day of July, 2002.

6

7

Forrest D. Williams

8 NOTARY PUBLIC, in and for the
9 County of ~~Clark~~ State of Nevada

10

(SEAL) *Fairfax Virginia*

11 My Commission Expires 12/31/04

12

13

14 When recorded mail to:

15 FORREST D. WILLIAMS
16 4820 Powell Road
17 Fairfax, VAA 22032

18

19

20

21

22

23

24

25

26

27

28

Lincoln County

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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER		COUNTY OF DEATH	
1. Barbara Marie		WILLIAMS		October 3, 2001		Clark		Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not enter, give street and number)		If Hour or time indicate D.M.A. or E.M.S. (Specify)		SEX		3e	
30 Las Vegas		3c Valley Hospital		3e Inpatient		4 Female			
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify (I, J) Yes (K) No If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		LEADER YEAR UNDER DAY		DATE OF BIRTH (Mo., Day, Yr.)	
5 White				82		7a 7b 7c		6 Aug 26, 1919	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
8a Nevada		9b U.S.A.		10 13		11 Widowed		12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)		KIND OF BUSINESS OR INDUSTRY					
12		14a Administrative Assistant / Retired		14b Education					
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Nevada		15b Clark		15c Las Vegas		15d 444 N. Doby Ave.		15e No	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last							
16a William May		17 Leona Neagle							
INFORMATION—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
18a Forrest Williams - Son		18b 4820 Powell Rd., Fairfax, Virginia 22032							
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town					
19a Burial		19b Memory Gardens		19c Las Vegas, Nevada					
FUNERAL DIRECTOR—SIGNATURE (Or Print if Type or Print)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY					
20a [Signature]		20b 30		20c Fairview - Jones 1400 S. Jones, Las Vegas, Nevada 89146					
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause stated (Signature and Title)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH					
21b [Signature]		21c 10/5/01		21d 9:10 PM					
21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f		21g		21h		21i	
21e Husum Desai MD 2000 Goldring Las Vegas Nevada 89106		21f		21g		21h		21i	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER							
23a Husum Desai MD 2000 Goldring Las Vegas Nevada 89106		23b 4051							
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE					
24a [Signature]		24b OCT 08 2001		24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PER (a), (b), AND (c))		Interval between onset and death					
		(a) RESPIRATORY FAILURE HYPOXIA		Interval between onset and death					
		(b) PULMONARY LESION WITH LIVER LESIONS		Interval between onset and death					
		(c) CHRONIC PULMONARY DISEASE		Interval between onset and death					
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
				25 No		26 No			
ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
27a		27b		27c		27d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, school, factory, office, building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	
28a		28b		28c		28d			

STATE REGISTRAR

No. 205112

"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:

OCT 08 2001

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

BOOK 166 PAGE 202

COPY

118671

FILED FOR RECORDING
AT THE REQUEST OF

William Devlin

2002 AUG 16 PM 3 44

LINCOLN COUNTY RECORDER
FEE *17.00* DEPTMS
LESLIE BOUCHER