

File No: 152-2039118 (M)  
A.P.N.: 004-131-09  
When Recorded, Mail Tax Statements To:  
Danielle Layton Ball  
712 Red Bark Lane  
Henderson, NV. 89015

A.P.N.: 004-131-09

**AFFIDAVIT - TERMINATING JOINT TENANCY**

Danielle Layton Ball, of legal age, being first duly sworn, deposes and says:

That Faye Christine Bundy, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Faye C. Winsor-Bundy named as one of the parties in that certain Deed of Trust dated November 4, 1999 executed by Patrick D. Ferguson and Katrina J. Ferguson, husband and wife to Faye C. Winsor-Bundy and Danielle Layton Ball as joint tenants, recorded as Document No. 112157 on January 13, 1999 in Book 139, Page 284 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada :

LOT NINE (9) OF ALAMO SOUTH SUBDIVISION TRACT NO. 1, UNIT NO. 1, AS SHOWN BY MAP THEREOF ON FILE IN BOOK A OF PLATS, PAGE 124, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

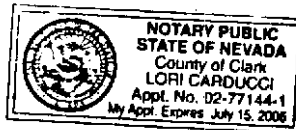
Date: 12/31/02

By: Danielle Layton Ball  
Danielle Layton Ball

STATE OF NEVADA )  
 )  
COUNTY OF CLARK )

This instrument was acknowledged before me on 12-31-02 by  
Danielle Layton Ball

Lori Carducci  
Notary Public  
(My commission expires: 7-15-2006)



Lincoln County

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

	LOCAL FILE NUMBER 1. <b>Faye Christine BUNDY</b>	STATE FILE NUMBER 2. <b>Lincoln</b>
	DATE OF DEATH (Month, Day, Year) 3. <b>February 25, 2001</b>	
<b>DECEDENT</b>	CITY, TOWN OR LOCATION OF DEATH 3a. <b>Alamo</b>	
	HOSPITAL OR OTHER INSTITUTION—Name (if not enter, give street and number) 3c. <b>251 So. Main</b>	
	SEX 4. <b>Female</b>	
<b>DEATH OCCURRED IN RESIDENCE REGARDING COMPLETION OF RESIDENCE FEES</b>	RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>	
	AGE—Last Birthday (Years) 7a. <b>67</b>	
	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>September 7, 1933</b>	
<b>PARENTS</b>	STATE OF BIRTH (If not U.S.A., name country) 9a. <b>California</b>	
	CITIZEN OF WHAT COUNTRY 9b. <b>U.S.A.</b>	
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	
<b>DISPOSITION</b>	SOCIAL SECURITY NUMBER 13. [REDACTED]	
	USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Culinary Specialist</b>	
	KIND OF BUSINESS OR INDUSTRY 14b. <b>Nevada Test Site</b>	
<b>CERTIFIER</b>	RESIDENCE—STATE 15a. <b>Nevada</b>	
	COUNTY 15b. <b>Lincoln</b>	
	CITY, TOWN OR LOCATION 15c. <b>Alamo</b>	
<b>CAUSE OF DEATH</b>	STREET AND NUMBER 15d. <b>251 So. Main</b>	
	INSIDE CITY LIMITS (Specify Yes or No) 15e. <b>Yes</b>	
	FATHER—NAME First Middle Last 16. <b>James Eder Snyder</b>	
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	MOTHER—MAIDEN NAME First Middle Last 17. <b>Christine Estelle Snyder</b>	
	INFORMANT—NAME (Type or Print) 18a. <b>Ray L. Bundy</b>	
	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>P.O. Box 169 Alamo, Nevada 89001</b>	
<b>CAUSE OF DEATH</b>	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>	
	CEMETERY OR CREMATORY—NAME 19b. <b>Alamo Cemetery</b>	
	LOCATION—City or Town State 19c. <b>Alamo, Nevada</b>	
<b>CAUSE OF DEATH</b>	FUNERAL DIRECTOR—SIGNATURE (Of Person Acting as Such) 20a. <i>[Signature]</i>	
	FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>15</b>	
	NAME AND ADDRESS OF FACILITY 20c. <b>730 Front Street Caliente, Nevada 89008</b>	
<b>CAUSE OF DEATH</b>	21a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c. HOUR OF DEATH	
	21d. ON 02-25-01 21e. AT 1430	
<b>CAUSE OF DEATH</b>	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. <b>Keith Bowman; P.O. Box 390 Alamo, Nevada 89001</b>	
	LICENSE NUMBER 23b. [REDACTED]	
	REGISTRAR (Signature) 24a. <i>[Signature]</i> DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. <b>02-26-01</b>	
<b>CAUSE OF DEATH</b>	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE—FOR TD, AND RN) PART I (a) <b>Metastatic Lung Cancer</b>	
	DUE TO OR AS A CONSEQUENCE OF: PART I (b) [REDACTED]	
	DUE TO OR AS A CONSEQUENCE OF: PART I (c) [REDACTED]	
<b>CAUSE OF DEATH</b>	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I PART II [REDACTED]	
	AUTOPSY (Specify Yes or No) 26. <b>No</b>	
	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. <b>Yes</b>	
<b>CAUSE OF DEATH</b>	ACUTE, SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify) 28. [REDACTED]	
	DATE OF INJURY (Mo., Day, Yr.) 29a. [REDACTED]	
	HOUR OF INJURY 29b. [REDACTED]	
<b>CAUSE OF DEATH</b>	DESCRIBE HOW INJURY OCCURRED 30. [REDACTED]	
	PLACE OF INJURY—(In home, farm, street, factory, office, building, etc.) (Specify) 31. [REDACTED]	
	LOCATION—STREET OR R.F.D. No. CITY OR TOWN STATE 32. [REDACTED]	

No177102

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: **MAR 08 2001**

*Sybil Sylvia*  
 BOOK 169 PAGE 177  
 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

119318

FILED FOR RECORDING  
AT THE REQUEST OF  
**First American Title**

2003 JAN 16 9 11 47

LINCOLN COUNTY RECORDER  
FEE \$10.00  
DEP  
LESLIE DOUGHER AB