

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 Frank Melin Winsor, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Frank M. Winsor named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 27, 1984 executed by F. Marvin Livingston and Adrienne C. Livingston, husband and wife to Frank M. Winsor and Faye C. Winsor, husband and wife as joint tenants as joint tenants, recorded as Document No. 81470 on November 2, 1984 in Book 62, Page 587 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.

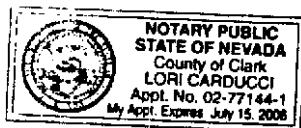
Date: 12/31/02

By: Danielle Layton Ball
Danielle Layton Ball

STATE OF NEVADA)
) ss.
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)



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

004283 LOCAL FILE NUMBER 89 006894 STATE FILE NUMBER

1. DECEASED—NAME Frank Melin WINSOR	2. DATE OF DEATH (Month, Day, Year) October 2, 1989	3. COUNTY OF DEATH Clark
4. CITY, TOWN, OR LOCATION OF DEATH Las Vegas	5. HOSPITAL OR OTHER INSTITUTION—(Name of not mother, give street and number) Valley Hospital	6. If Hosp. or Inst., Indicate I.D.A., O.P.E.M., Per. Institution (Specify) Inpatient
7. RACE—(a. g., White, Black, American Indian, etc.) (Specify) White	8. Was Decedent of Hispanic Origin? Specify (Yes or No) (If Yes, specify Mexican, Cuban, Puerto Rican, etc.) No	9. SEX Male
10. STATE OF BIRTH (If not U.S.A., name country) Wisconsin	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. DATE OF BIRTH (Month, Day, Year) Sept. 19, 1917
13. SOCIAL SECURITY NUMBER	14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	15. SURVIVING SPOUSE (If with, give reason name) Faye Eder
16. RESIDENCE—STATE Nevada	17. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Professional	18. KIND OF BUSINESS OR INDUSTRY Golfing
19. COUNTY Lincoln	20. CITY, TOWN, OR LOCATION Alamo	21. STREET AND NUMBER #9 Danielle
22. FATHER—NAME William Moses Winsor	23. MOTHER—Maiden Name Frances Broussard	24. RESIDENCE CITY (Specify Year or Year) Yes
25. INFORMATION—NAME (Type or Print) Faye Winsor	26. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 486, Alamo, Nevada 89001	
27. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	28. CEMETERY OR CREMATORY—NAME Alamo Cemetery	29. LOCATION Alamo Nevada
30. FUNERAL DIRECTOR—SIGNATURE <i>Michael De...</i>	31. FUNERAL DIRECTOR LICENSE NUMBER 30	32. NAME AND ADDRESS OF FACILITY Bunker Memory Gardens 30 89129 7251 Lone Mountain Rd., Las Vegas, Nevada
33. SIGNATURE AND TITLE <i>Michael De...</i>	34. DATE SIGNED (Month, Day, Year) 10-6-89	35. HOUR OF DEATH 7:10 A.M.
36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Sohail Anjum, M.D. 700 Shadow Lane Las Vegas, Nevada	37. DATE RECEIVED BY REGISTRAR (Month, Day, Year) OCT 06 1989	38. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
39. IMMEDIATE CAUSE cardiac arrest	40. PART I a. DUE TO, OR AS A CONSEQUENCE OF: myocardial infarction	
41. OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not resulting in the underlying cause given in Part I)	42. AUTOPSY (Specify Yes or No) No	43. HAS CASE REFERRED TO CORONER (Specify Yes or No) No
44. ACC., SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify) No	45. DATE OF INJURY (Month, Day, Year) No	46. HOUR OF INJURY No
47. PLACE OF INJURY—(At home, farm, street, factory, office, hospital, etc.) (Specify) No	48. LOCATION No	49. STREET OR R.F.D. No. No
50. CITY OR TOWN No	51. STATE No	

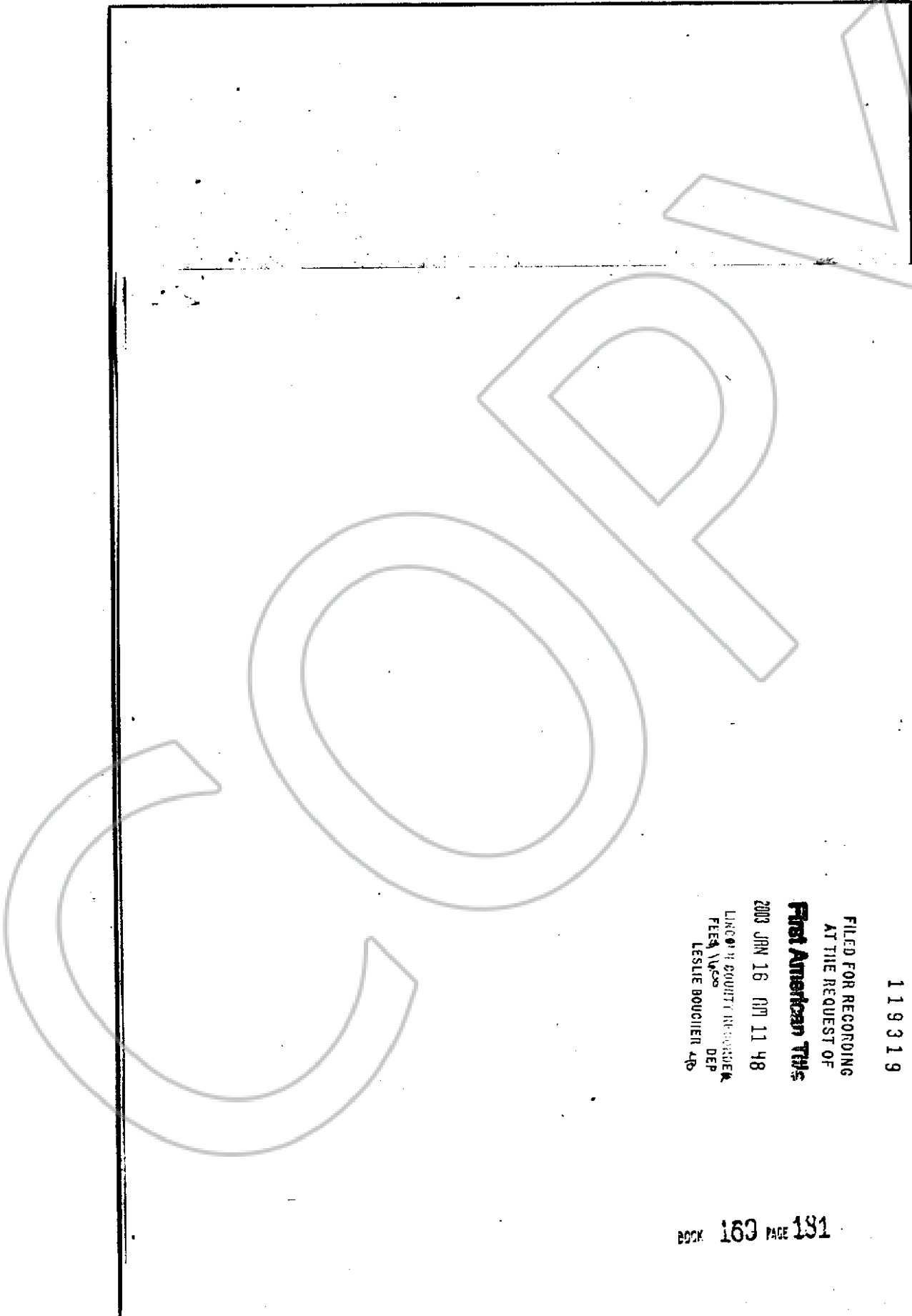
STATE REGISTRAR No.007520

Syonna Sylon

This is to certify that the above is a true and correct copy of the certificate on file in this office. 163 PAGE 180

Date issued: MAR 13 2001 State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



119319

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2003 JAN 16 AM 11 48

LINCOLN COUNTY RECORDER
FEE \$ 15.00
LESLIE BOUCHIER 4th