

RECORDING REQUESTED BY:
STEWART TITLE COMPANY
WHEN RECORDED MAIL TO:

ESCROW NO. 02010354
A.P.N. # ~~XXXXXXXXXX~~ 02-192-17

DOUGLAS A. SPIDLE
851 W. SAN MARCUS DR
CHANDLER, AZ. 85225

19025707

AFFIDAVIT - DEATH OF JOINT TENANT

ARIZONA
STATE OF ~~NEVADA~~)
) ss.
COUNTY OF MARICOPA)

DOUGLAS A. SPIDLE, of legal age, being first duly sworn, deposes and says:
That BARBARA SPIDLE, the decedent mentioned in the attached certified copy
of Certificate of Death, is the same person as BARBARA SPIDLE
named as one of the parties in that certain QUIT CLAIM dated June 22, 1998
executed by BOYD L. ALEXANDER
to DOUGLAS SPIDLE AND BARBARA SPIDLE, HUSBAND AND WIFE AS JOINT TENANTS
as joint tenants, recorded as Instrument No. 111186 on June 23, 1998
in Book 135, Page 346 of Official Records of
County, Nevada, covering the following described property situated in the
County, State of Nevada:

DATE February 04, 2003

Douglas A. Spidle
DOUGLAS A. SPIDLE

STATE OF Arizona)
STATE OF Nevada)
COUNTY OF Maricopa) ss.

This instrument was acknowledged before me on 2-6-03
by DOUGLAS A. SPIDLE

Signature [Signature]
Notary Public



Lincoln County

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	DECEASED - NAME	First	Middle	Last	DATE OF DEATH (Month Day Year)	STATE FILE NUMBER	CITY OF DEATH
		1	Barbara	Jean	SPIDLE	March 8, 2001		Clark
DECEDENT	21 CITY, TOWN OR LOCATION OF DEATH		22 HOSPITAL OR OTHER INSTITUTION (Name if not other; street and number)		23 (If help or first admission (ICD-10) use the treatment (Specify))		24 SEX	
	21a Las Vegas		22a Odyssey Health Care Inc.		23a Inpatient		24a Female	
FROM OFFICE IN WHICH REGISTERED, COMPLETE IF CHANGE FROM	25 RACE - (a) White, (b) Black, (c) American Indian, (d) Other (Specify)	26 (a) Decedent of Hispanic Origin? (Specify) (1) Yes (2) No (3) Yes (Specify Mexican, Cuban, Puerto Rican, etc.)	27 (a) Age - (1) last birthday (Years)	28 (b) SEX - (1) Male (2) Female	29 (c) DATE OF BIRTH (Month Day Year)	30 (d) DATE OF BIRTH (Month Day Year)		
	25a White	26a	27a 67	28a	29a February 11, 1934	30a		
PARENTS	31 STATE OF BIRTH (If not U.S.A., name country)	32 CITIZEN OF WHAT COUNTRY	33 Decedent's Education (Specify if other than completed)	34 MARRIAGE - (1) NEVER MARRIED, (2) MARRIED, (3) DIVORCED, (4) WIDOWED	35 SURVIVING SPOUSE (If wife give married name)			
	31a Massachusetts	32a USA	33a 16+	34a Married	35a Arnold D. Spidle			
PARENTS	36 FATHER - NAME (First Middle Last)	37 MOTHER - MARRIED NAME (First Middle Last)	38 MAILING ADDRESS (Street or R.F.D. No., City, or Town, State, Zip)					
	36a William Theodore Warfield	37a Jenny Heath	38a P.O. Box 763 Panaca, Nevada 89042					
DISPOSITION	39a 19a Burial, Cremation, Removal, Other (Specify)		39b CEMETERY OR CREMATORY - NAME		39c LOCATION (City or Town State)			
	39a 19a Cremation		39b Fites Crematory		39c Henderson, Nevada			
CERTIFIER	40a FUNERAL DIRECTOR'S SIGNATURE (If not Acting as Signer)		40b FUNERAL DIRECTOR LICENSE NUMBER		40c NAME AND ADDRESS OF FACILITY			
	40a <i>James Lee Lopez</i>		40b 6021		40c 438 W. Sunset Rd. Henderson, Nevada			
CAUSE OF DEATH	41a (Signature and Title)		41b DATE SIGNED (Month, Day, Year)		41c HOUR OF DEATH			
	41a <i>Bina Patel MD</i>		41b 3-9-2001		41c 0630			
CAUSE OF DEATH	42a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		42b LICENSE NUMBER		42c DEATH DUE TO COMMUNICABLE DISEASE			
	42a Bina Patel 3131 Lu Canada Ste 200 Las Vegas, Nevada 89109		42b 8677		42c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	43a (Signature)		43b DATE RECEIVED BY REGISTRAR (Month, Day, Year)		43c DEATH DUE TO COMMUNICABLE DISEASE			
	43a <i>Kathleen...</i>		43b MAR 09 2001		43c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH	44a IMMEDIATE CAUSE (WRITE ONLY ONE CAUSE RESULTING FROM (a) IN PART (b))		44b DUE TO, OR AS A CONSEQUENCE OF		44c INTERNAL BETWEEN ARREST AND DEATH			
	44a END STAGE CORONARY ARTERY DISEASE		44b ACUTE RENAL FAILURE		44c			
CAUSE OF DEATH	45a OTHER SIGNIFICANT CONDITIONS - Conditions contributory to death but not resulting in the underlying cause given in Part 1		45b ALTOGETHER (Specify Yes or No)		45c WAS CASE REFERRED TO CORONER? (Specify Yes or No)			
	45a		45b No		45c Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
CAUSE OF DEATH	46a ACC. INJURY, NON-FATAL, OR PENDING INQUEST (Specify)	46b DATE OF INJURY (Month, Day, Year)	46c HOUR OF INJURY	46d DESCRIBE HOW INJURY OCCURRED				
	46a	46b	46c	46d				
CAUSE OF DEATH	47a INJURY AT WORK (Specify Yes or No)	47b PLACE OF INJURY - (a) Home, (b) Street, factory, office building, etc. (Specify)	47c LOCATION	47d STREET OR R.F.D. No.	47e CITY OR TOWN	47f STATE		
	47a	47b	47c	47d	47e	47f		

No. 178055

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

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

[Signature]

Date Issued: 3/11/2001

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

REC 170 PAGE 207
REC 157 PAGE 374
REC 169 PAGE 412

EXHIBIT "A"

LEGAL DESCRIPTION

ESCROW NO.: 19025707

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

A parcel of land situated within a portion of Lot 4, Block 54, Town of Panaca, within Section 9, Township 2 South, Range 68 East, M.D.M., Lincoln County, Nevada, being more particularly described as follows:

Beginning at the Northwest Corner of Lot 4 Blk 54 Town Plat of Panaca, thence, South 22.5 ft., thence East along the road right of way 143.25 feet to the true point of beginning. Being also the NW corner of said parcel; thence continuing East along the South side of the road right of way 144 feet more or less to the Northeast Corner; thence South 120.75 feet to the Southeast Corner; thence West 141 feet more or less to the Southwest corner; thence North 120.75 feet to the true point of beginning, being also the Northwest Corner of said parcel.

ASSESSOR'S PARCEL NUMBER FOR 2002 - 2003: 02-192-17

119506

FILED FOR RECORDING
AT THE REQUEST OF

Core County Title

2008 FEB 19 PM 1 53

Lincoln County Clerk
FILED
LESLIE BOUGHEN