

ASSESSOR'S PARCEL NUMBER (APN): 01-240-01

AFFIDAVIT-TERMINATION OF JOINT TENANT
Death of a Joint Tenant

I, MARILYN A. HATLER, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That (Decedent Name as shown on Death Certificate) EUGENE HATLER, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as (Decedent Name as shown on Death) EUGENE HATLER, named as one of the parties in that certain (Type of document) GRANT, BARGAIN SALE DEED dated on the 12 day of SEPTEMBER, 1994 and executed by DALE S. BERGIN, known as Grantor(s), to EUGENE HATLER AND MARILYN A. HATLER, known as Grantees, as joint tenants, and recorded as instrument number 94-07-0212 on the 12 day of SEPTEMBER, 1994 in Book BOOK 111, PG 4 of Official Records of LINCOLN County, Nevada, covering the following described property situated in the City of PICCHE, County of LINCOLN State of Nevada. (Set forth legal description and commodity known use at address, if known)

In Witness Whereof, I/We have hereunto set my/hour hand(s) this 14 day of February, 2003.

Marilyn A. Hatler
Signature
MARILYN A. HATLER
Print or Type Name Here

Signature
Print or Type Name Here

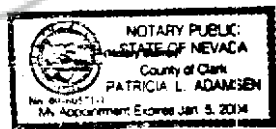
STATE OF NEVADA)
COUNTY OF)

RECORDING REQUESTED BY AND MAIL TO
Name:
Address:
City/State/Zip:
IF APPLICABLE MAIL TAX STATEMENTS TO
Name:
Address:
City/State/Zip:
SPACE BELOW FOR RECORDS USE ONLY

On this 18 day of February, 2003
personally appeared before me, a Notary Public
MARILYN A. HATLER

personally known to me to be the person(s) whose name(s) is subscribed to the above instrument who acknowledged that: s/he executed this instrument. Witness my hand and official seal

Patricia L. Adamesen
Notary Public



Lincoln County

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

TYPE OF DEATH 1. TEMPORARY 2. PERMANENT 3. BLACK RACE	LOCAL FILE NUMBER 110	NAME Eugene HATLER	SEX Male	DATE OF BIRTH (Month, Day, Year) December 8, 2002	DEATH PLACE Clark
	CITY, TOWN OR LOCATION OF DEATH Las Vegas		HOSPITAL OR OTHER INSTITUTION (Name of institution, one street and number) 4211 Bradley Road		DEATH PLACE (City, State, County) Clark
DECEDENT	5. RACE White	6. SEX Male	7. HEIGHT (Feet, Inches) 58	8. HAIR Dark	9. EYES Blue
	10. STATE OF BIRTH (If not U.S.A., name country) Michigan	11. CITIZEN OF BIRTH COUNTRY U.S.A.	12. GRADE OR OCCUPATION (Specify highest grade completed) 14	13. MARRIAGE STATUS (Specify date) Married	14. NAME OF SPOUSE (or nearest relative) Marilyn A. Stewart
EDUCATION 15. HIGHEST GRADE ATTAINED 16. TYPE OF BUSINESS OR OCCUPATION	17. SOCIAL SECURITY NUMBER [REDACTED]		18. OCCUPATION (Specify highest grade completed) Bldg Maintenance Engineer		19. TELECOMMUNICATIONS Telecommunications
	20. RESIDENCE - STATE Nevada	21. COUNTY Clark	22. CITY, TOWN OR LOCATION Las Vegas		23. STREET AND NUMBER 150 4211 Bradley Rd.
PARENTS	24. FATHER - NAME (Type or Print) Joseph Hatler		25. MOTHER - MARRIAGE NAME (Type or Print) Mary Redditt		26. ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4211 Bradley Road, Las Vegas, Nevada 89130
	27. INFORMANT - NAME (Type or Print) Marilyn A. Hatler - Wife		28. ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4211 Bradley Road, Las Vegas, Nevada 89130		
DISPOSITION	29. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		30. CEMETERY OR CREMATORY - NAME Pala Crematory		31. LOCATION (City or Town, State) Las Vegas, Nevada
	32. NAME AND ADDRESS OF PHYSICIAN (Type or Print) Donna Smith, MD, Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV		33. NAME AND ADDRESS OF FACILITY (Name and Address of Facility) Pala Mortuary - Jones 1400 S. Jones, Las Vegas, Nevada 89146		
CERTIFIER	34. DATE SIGNED (Mo., Day, Yr.) 12-15-02		35. HOUR OF DEATH 9:10 A.M.		36. SIGNATURE OF PHYSICIAN [Signature]
	37. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Donna Smith, MD, Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV		38. SIGNATURE OF CERTIFIER [Signature]		
CONDITIONS WHICH GAVE RISE TO DEATH 39. STATE THE LEGAL CAUSE LAST	40. REGISTRAR (Signature) Kathleen Gentry		41. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 16 2002		42. DEATH DUE TO COMPLICABLE DISEASE Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	43. IMMEDIATE CAUSE Arteriosclerotic cardiovascular disease		44. DUE TO, OR AS A CONSEQUENCE OF [REDACTED]		
CAUSE OF DEATH	45. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I		46. AUTOPTIC (Specify Yes or No) No		47. WAS CASE REFERRED TO COURSE (Specify Yes or No) Yes
	48. ACC., NATURE, HOW, UNDER, OR TENDING INVEST (Specify Yes or No)	49. DATE OF INQUIRY (Mo., Day, Yr.)	50. HOUR OF INQUIRY	51. DESIGNER HOW INQUIRY OCCURRED	
52. PLACE OF INQUIRY - At home, from, school, factory, office, building, etc. (Specify)		53. LOCATION	54. STREET OR R.F.D. No.	55. CITY OR TOWN	56. STATE

STATE REGISTRAR

No225316

"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:

DEC 20 2002

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

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COPY

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FILED FOR RECORDING
AT THE REQUEST OF

Deanna Walker

2003 FEB 21 AM 9 04

LESLIE DOUGHER ESQ
DEP
FEDERAL COURTS
LESLIE DOUGHER ESQ