

120510

FILED FOR RECORDING
AT THE REQUEST OF

Daniel Thomas

2003 JUL 16 PM 2 00

LINCOLN COUNTY REGISTERED
OFF JOINT TENANCY
LESLIE BOUCHER, 179 TD

AFFIDAVIT - TERMINATION

APN: 06-331-10

AFFIDAVIT -- TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
) ss:
COUNTY OF LINCOLN)

DANIEL C. THOMAS and DONNA J. THOMAS, being first duly sworn, depose and say:

1. Your affiants are over the age of twenty-one (21) years and competent to be witnesses as to the matters hereinafter set forth.

2. DEXTER C. THOMAS, Deceased, the Decedent mentioned in the attached certified copy of Certificate of Death attached hereto as Exhibit "A," said Exhibit being incorporated herein by reference as though fully set forth, is the same person as DEXTER C. THOMAS, one of the parties named in the following described Quitclaim Deed in Joint Tenancy,

to-wit:

That certain Quitclaim Deed in Joint Tenancy executed by DEXTER C. THOMAS, DANIEL C. THOMAS and DONNA J. THOMAS, said Quitclaim Deed in Joint Tenancy being recorded on August 26, 1994, as Instrument No. 102323 in Book 110, page 573, of Official Records of Lincoln County, Nevada, Recorder, covering the following described real property situate in the County of Lincoln, State of Nevada, to-wit:

That portion of the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of Section 15, Township 1 North, R. 67 East, MDB&M lying north of the right-of-way line of U.S. Highway 93.

APN: 06-331-10.

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3 Your Affiants, DANIEL C. THOMAS and DONNA J. THOMAS, are the other parties named in the above-described Quitclaim Deed in Joint Tenancy.

Further affiants sayeth naught.

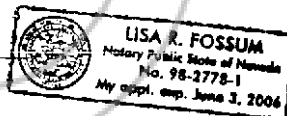
DATED this 15th day of July, 2003.

Daniel C. Thomas
DANIEL C. THOMAS

Donna J. Thomas
DONNA J. THOMAS

SUBSCRIBED and SWORN to before me
this 15th day of July, 2003.

Lisa R. Fossum
NOTARY PUBLIC in and for said
County and State



When Recorded Return To:

Mr. & Mrs. Daniel C. Thomas
5468 Apron Court
Las Vegas, NV 89122

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		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
	1. Dexter C. THOMAS		2. June 13, 2003		3. Clark		COUNTY OF DEATH	
DECEDENT	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		If Hosp. or Inst. Indicate DGA, Of-Corner, Rm. Inpatient (Specify)		SEX	
	30. Las Vegas		30. Sunrise Hospital and Medical Center		30. Emergency Room		4. Male	
IF DEATH OCCURRED IN RESIDENCE SEE INSTRUCTIONS REGARDING COMPLETION OF RESIDENCE ITEMS	RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? (Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.)		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
	5. White				74 73		Nov 9, 1929	
FATHER'S NAME	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)	
	90. Arizona		90. U.S.A.		10. 12		11. Divorced	
MOTHER'S NAME	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		12.	
	13.		14a. Stationary Engineer / Retired		14b. Hotel			
PARENTS	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
	15a. Nevada		15b. Clark		15c. Blue Diamond		15d. 7 Lassen Street	
DISPOSITION	FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
	16. Daniel Thomas		17. Edith Newman		18a. Daniel Thomas - Son		18b. 5468 Apron Ct. Las Vegas NV 89122	
CERTIFIER	BURIAL, CREMATION, REINQUIL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
	19a. Burial		19b. Palm Valley View Cemetery		19c. Las Vegas, Nevada			
CAUSE OF DEATH	FUNERAL DIRECTOR'S SIGNATURE (If Pre-arranged, specify)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY		19d. Las Vegas, Nevada	
	20a. [Signature]		20b. 50		20c. 7600 S. Eastern Ave., Las Vegas, Nevada 89123			
REGISTER	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.		22b. AT	
	6/17/03		6:35 AM		22c. ON		22d. AT	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a. Paul Michael MD 3730 S. Eastern Ave. Las Vegas Nevada 89109		LICENSE NUMBER		23b. 5214	
	21d.		21e. JUN 19 2003		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1	24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART 1 (a) Small cell lung cancer		Interval between onset and death			
DATE OF INJURY (Mo., Day, Yr.)	DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		27. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	26a.		26b.		26c.		27. Yes	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		
28a.		28b.		28c.				

STATE REGISTRAR

No.240082

"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: JUN 20 2003

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