

120741

RECORDATION REQUESTED BY:

GARY D. FAIRMAN, ESQ.  
Attorney at Law  
P. O. Box 151105  
Ely, Nevada 89315

Telephone No.: 775.289.4422

RE: AFFIDAVIT IN RE JEANNINE GIDDINGS  
TERMINATION OF JOINT TENANCY  
(NRS 111.365)

FILED FOR RECORDING  
AT THE REQUEST OF

Gary D Fairman Esq

2003 AUG 21 PM 1 03

LINCOLN COUNTY CLERK  
FEE \$750 SEP 10  
LESLIE BOUCHER

AFFIDAVIT IN RE JEANNINE GIDDINGS

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA, )  
 ) ss.  
County of Lincoln. )

WALTER C. GIDDINGS, being first duly sworn, deposes and says:

That affiant is the husband of JEANNINE GIDDINGS, Deceased. That Decedent died on the 15th day of April, 2003, That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein WALTER C. GIDDINGS and JEANNINE GIDDINGS were the Grantees. That under the laws of the State of Nevada, upon the death of JEANNINE GIDDINGS, the title and ownership of said real property became vested in WALTER C. GIDDINGS, as the surviving joint tenant. That said real property was acquired by a Deed dated the 26th day of June, 1989, wherein JAMES L. WADSWORTH and KATHLEEN V. WADSWORTH were the Grantors, and WALTER C. GIDDINGS and JEANNINE GIDDINGS were the Grantees.


That said Deed was recorded in Book 85, Page 680, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

Beginning at the NE corner of NW 1/4 SW 1/4 SEC 16, T2S, R68E, MDB & W south along the E boundary of said 40, a distance of 285 feet to the true point of beginning, then continuing along said east boundary a distance of 510 feet, then turning 90° west, parallel to the

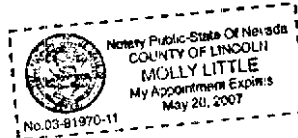
north boundary of said 40, a distance of 200 feet, then turning 90° north parallel to the east boundary of said 40, a distance of 510 feet, then turning 90° east parallel to the north boundary of said 40, a distance of 200' to the true point of beginning; being 2 acres more or less plus a 40' undedicated roadway starting approximately 100 feet south from the NW corner of the parcel on an approximate course of 165° no. & south. Subject to all other easements, rights of way and reversions of record.

That by reason of the foregoing, affiant hereby declares that the title and interest of JEANNINE GIDDINGS, Deceased in the above-described real property has vested in WALTER C. GIDDINGS, in fee simple, and that WALTER C. GIDDINGS is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

  
WALTER C. GIDDINGS

SUBSCRIBED AND SWORN to before me  
this 31 day of July, 2003.

  
NOTARY PUBLIC



Lincoln County

003453

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
1. Jeannine		BIDDINGS		2. April 15, 2003		3. Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number)		ICU (Specify)		SEX	
4. Las Vegas		5. University Medical Center		6. ICU		7. Female	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify ( ) Yes ( ) No ( ) Yes ( ) No ( )		AGE—Last Birthday (Years)		DATE OF BIRTH (Mth, Day, Yr)	
8. White		9. No		7. 68		8. Jun 16, 1934	
STATE OF BIRTH (If not U.S.A., name country)		CITY OF BIRTH (Specify)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Survived Spouse? (If yes, give maiden name)	
9. France		10. U. S. A.		11. Married		12. Walter Charles Biddings	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]		14. Housemaker		15. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER	
16. Nevada		17. Lincoln		18. Panaca		19. White Wash Road	
FATHER—NAME		MOTHER—MAIDEN NAME					
20. Roger		21. Jeannette					
22. Roger		23. Dumont		24. Jeannette		25. Hejlet	
26. Informant—Name (Type or Print)		27. Mailing Address (Street or R.F.D. No., City or Town, State, Zip)					
28. Walter C. Biddings - Husband		29. P.O. Box 611, Panaca, Nevada 89042					
30. Burial, Cremation, Removal, Other (Specify)		31. Cemetery or Crematory—Name		32. Location			
33. Cremation		34. Palm Crematory		35. Las Vegas, Nevada			
36. Funeral Director (If Person Acting as Such)		37. Funeral Director License Number		38. Name and Address of Facility			
39. [Signature]		40. 67		41. Mortable Creation and Burial, 840 N. Decatur Blvd, Las Vegas, Nevada 89103			
21a. To the best of your knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mth, Day, Yr.)		21c. HOUR OF DEATH		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
21a. [Signature]		21b. 4/15/03		21c. 4:01 A.M.		21d. Gary Telgenhoff, DO, Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21f. LICENSE NUMBER		21g. DATE RECEIVED BY REGISTRAR (Mth, Day, Yr.)		21h. DEATH DUE TO COMMUNICABLE DISEASE	
21e. Gary Telgenhoff, DO, Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV		21f. 903		21g. APR 18 2003		21h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FORM I, ICA)		23. DUE TO, OR AS A CONSEQUENCE OF:		24. DUE TO, OR AS A CONSEQUENCE OF:		25. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause (given in Part I)	
I End-stage hepatic cirrhosis		II Chronic alcohol abuse		III Recent hip and pelvic fracture		AUTOPSY (Specify Yes or No)	
I		II		III		26. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
26. ACC. SUICIDE, HOMIC. OR FETTERED (Specify Yes or No)		27. DATE OF INJURY (Mth, Day, Yr.)		28. TIME OF INJURY (Specify M, P, A, or N)		29. DESCRIBE HOW INJURY OCCURRED	
26. NO		27. Apr. 13, 2003		28. 6:20 P.M.		29. Fell, breaking right hip and pelvis	
30. PLACE OF INJURY—(Home, farm, school, factory, office, building, etc.) (Specify)		31. LOCATION		32. STREET OR R.F.D. No.		33. CITY OR TOWN	
30. Bar/casino		31. Hide Away Bar, Caliente, Nevada					

STATE REGISTRAR No.233960

"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: APR 25 2003

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