

AFFIDAVIT TERMINATING JOINT TENANCY

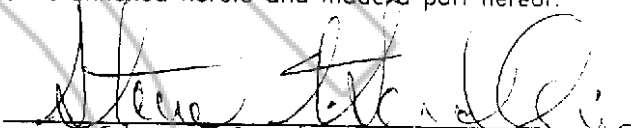
STATE OF NEVADA }
COUNTY OF ~~CLARK~~ } ss.
LINCOLN

Steve T. Sendlein

_____ being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Joint Tenant the person named as Steve T. Sendlein
Joint Tenant one of the grantees in that certain deed recorded 7/25/96, as Document No. 105501 in Book 119, Page 578, of Lincoln County, in the office of the County Recorder of ~~Clark~~ Lincoln County, State of Nevada.

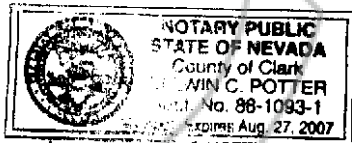
That Elsie Sendlein was one of the grantees named in said deed and was the identical person named as Elsie L. Sendlein, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.


Steve Sendlein

Subscribed and sworn to before me this 29 day of June, 2004



Notary Public in and for said County and State



SEND RECORDED COPY TO:

Steve Sendlein
c/o JOHN F. MARCHIANO, ESQ.
218 Lead Street
Henderson, NV 89015

FILED FOR RECORDING
AT THE REQUEST OF
John F. Marchiano
2004 JUL 9 PM 4 50
LINCOLN COUNTY CLERK
FILED 1555
LESLIE BOUCHER CLK

122616

003143

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Elsie P. SENDLEIN		2. March 26, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, Of/Emr. Rm. Inpatient (Specify)	
3c. Kindred Hospital of Las Vegas		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6. []		7a. 87	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Oklahoma		11. Widowed	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8. Aug 21, 1916	
Decedent's Education. Specify highest grade completed.		SURVIVING SPOUSE (If wife, give maiden name)	
10. 12		12. []	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. []		14a. Waitress / Retired	
RESIDENCE—STATE		KIND OF BUSINESS OR INDUSTRY	
15a. Nevada		14b. Restaurant	
COUNTY		CITY, TOWN, OR LOCATION	
15b. Clark		16c. Henderson	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Thomas Daniel Pierce		17. Millie Lou Turner	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Thomas Daniel Pierce		17. Millie Lou Turner	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Margaret L. Schneider - Daughter		18b. 3790 W. Moberly Ave. Las Vegas Nevada 89139	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Palm Memorial Park	
FUNERAL DIRECTOR—SIGNATURE (Or Person to be Buried)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. Palm Mortuary - Henderson 800 S. Boulder Hwy., Henderson, Nevada 89015	
20b. [Signature]		20c. 800 S. Boulder Hwy., Henderson, Nevada 89015	
21a. To the best of my knowledge, death occurred at the time, date and place and (Signature and Title)		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. (Signature and Title)	
21b. 3.30.04		22b. [Signature]	
21c. 2:40 PM		22c. [Signature]	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON	
23a. Mahfoud Beajow MD 3006 S. Maryland Pkwy. Las Vegas Nevada 89109		22e. AT	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. MAR 31 2004	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART 1 (a) Chronic Obstructive Pulmonary Disease		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART 1 (b)		Years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART 1 (c)		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. No		27. No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. []		28b. []	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. []		28d. []	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. []		28f. []	
LOCATION.		STREET OR R.F.D. No.	
28g. []		28h. []	
CITY OR TOWN		STATE	
28i. []		28j. []	

STATE REGISTRAR

No. 263229

"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 18 2004

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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