

123107

Assessor's Parcel No. 04-041-06

After Recording and Mail
Tax Statement to:
JAMES J. VALLELY
1506 San Felipe Drive
Boulder City, NV 89005

FILED FOR RECORDING
AT THE REQUEST OF
Jolley Urya Wirth Woodbury &
Standish
2004 SEP 22 PM 2 21
LINCOLN COUNTY RECORDER
FEE \$16.00
LESLIE BOUCHER

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

JAMES J. VALLELY, of legal age, being first duly sworn, deposes
and says:

That BETTY J. VALLELY the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BETTY J. VALLELY named as one of the parties in that certain Grant, Bargain, Sale Deed dated December 7, 1995, executed by CLARK MARION HARDY AKA CLARK M. HARDY and LORNA HARDY, husband and wife, to JAMES J. VALLELY AND BETTY J. VALLELY, husband and wife and ROBERT J. VALLEY AND BRIDGE VALLELY, husband and wife all as joint tenants, recorded on December 21, 1995, as Instrument No. 104406, Book No. 116, of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

DATED 9/17/04

James J. Valley

JAMES J. VALLELY

SUBSCRIBED AND SWORN to before me
this 17th day of September, 2004.

Tiffany A. White

NOTARY PUBLIC

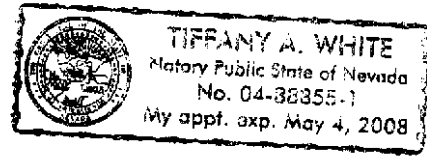


EXHIBIT "A"

A parcel of land situate within the Southwest Quarter (SW1/4) of Section 5, Township 7 South, Range 61 East, M.D.B.&M., more particularly described as follows:

Commencing at the Southwest corner of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 5, Township 7 South, Range 61 East, M.D.B.&M., thence running due East along the South Line of said Northeast Quarter (NE1/4) of Southwest Quarter (SW1/4) a distance of 910 feet more or less to the West Line of Main Street at the Northeast Corner of Lot 1, Block 46, Alamo townsite on file in the office of the County Recorder of said Lincoln County; running thence North 1° 23' West along the West side of said Main Street and the projection thereof a distance of 685 feet, thence South 88° 37' West a distance of 400 feet to the true point of beginning; thence North 1° 23' West a distance of 222.56 feet, thence due West a distance of 100 feet, thence South 1° 23' East a distance of 224.45 feet, thence North 88° 37' East a distance of 100 feet to the point of beginning.

Together with a non-exclusive easement 45 feet wide for a roadway and utilities, the center line of which is described as follows:

Commencing at a point in the West line of said Main Street and the projection thereof a distance of 662.50 feet bearing North 1° 23' West from said Northeast corner of Lot 1, Block 46; running thence South 88° 37' West a distance of 500 feet to the point of ending.

95-11-0155KLLK
19012529

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Betty J. VALLELY			2. August 3, 2004		
	CITY, TOWN OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Las Vegas			3c. Nathan Adelson Hospice - West		
	3d. Inpatient			3e. Inpatient		
PARENTS	FATHER—NAME First Middle Last			MOTHER MAIDEN NAME First Middle Last		
	16. William Edwin Thompson			17. Sara Evelyn Ward		
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Diane E. Greene - Daughter			18b. P. O. Box 62124 Boulder City Nevada 89006-2124		
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
	19a. Burial			19b. Southern Nevada Veterans Memorial Cemetery		
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a. [Signature]			20b. 50		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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.		
	21b. DATE SIGNED (Mo., Day, Yr.)			22b. DATE SIGNED (Mo., Day, Yr.)		
CAUSE OF DEATH	21c. HOUR OF DEATH			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		
CAUSE OF DEATH	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)			22e. AT		
	21f. Stewart Stein MD 3391 N. Buffalo Las Vegas Nevada 89129			22f. License Number		
CAUSE OF DEATH	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
	24a. [Signature] Susan Glenn, Deputy			24b. AUG 05 2004		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			24c. DEATH DUE TO COMMUNICABLE DISEASE		
	PART I (a) End Stage Chronic Obstructive Pulmonary Disease			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	PART II (b) DUE TO, OR AS A CONSEQUENCE OF:			26. AUTOPSY (Specify Yes or No)		
	PART II (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			27. WAS CASE REFERRED TO CORONER (Specify Yes or No)		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28a. INJURY AT WORK (Specify Yes or No)		
	28b. DATE OF INJURY (Mo., Day, Yr.)			28c. HOUR OF INJURY		
CAUSE OF DEATH	28d. DESCRIBE HOW INJURY OCCURRED			28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
	28f. LOCATION			28g. STREET OR R.F.D. No.		
CAUSE OF DEATH	28h. CITY OR TOWN			28i. STATE		
	28j. [Signature]			28k. [Signature]		

STATE REGISTRAR

No. 271353

"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: AUG 09 2004

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

BOOK 101 PAGE 317