

Assessor's Parcel No.

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 Unga 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 Deed of Trust, dated October 14, 1999, executed by JAMES J. VALLELY and BETTY J. VALLELY, husband and wife and KYLE J. GREENE, an unmarried man, all as joint tenants with rights of survivorship, recorded on November 2, 1999, as Instrument No. 113550, Book No. 144, 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

TIFFANY A. WHITE
Notary Public State of Nevada
No. 04-82855-1
My appt. exp. May 4, 2008

SCHEDULE A

DESCRIPTION

All that certain lot, piece or parcel of land situate in the County of Lincoln, State of Nevada, described as follows:

PARCEL 1

Commencing at the southwest corner of the NE ¼ of the SW ¼ of Section 5, Township 7 South, Range 61 East, M.D.B.&M., thence running due east along the south line of said NE ¼ of SW ¼ 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 640 feet; thence South 88°37' West a distance of 295 feet to the true point of beginning, continuing thence South 88°37' West a distance of 125 feet, thence South 1°23' East a distance of 100 feet, thence North 88°37' East a distance of 125 feet, thence North 1°23' West, a distance of 100 feet, to the point of beginning

PARCEL 2

Together with a non-exclusive easement 45 feet in width for 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 1°23' West from said northeast corner of Lot 1, Block 46, running thence South 88°37' West a distance a 420 feet to a point of ending.

**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			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Betty J. VALLELY			2. August 3, 2004		
	3a. Clark			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		
	3b. Las Vegas			3c. Nathan Adelson Hospice - West		
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)			NAME AND ADDRESS OF FACILITY		
	20a. <i>[Signature]</i>			20c. Pala Mortuary - Henderson 800 S. Boulder Hwy., Henderson, Nevada 89015		
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. (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. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)			22b. <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		
STATE REGISTRAR	21c. 12:10 PM HOUR OF DEATH			22c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo., Day, Yr.)		
NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)			22e. PRONOUNCED DEAD (Hour)		
	23a. Stewart Stein MD 3391 N. Buffalo Las Vegas Nevada 89129			22f. ON		
CAUSE OF DEATH	23b. LICENSE NUMBER			23c. 1032		
	24a. <i>[Signature]</i> REGISTRAR			24b. AUG 05 2004 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	PART I (a) End Stage Chronic Obstructive Pulmonary Disease			26. No		
CLARK COUNTY HEALTH DISTRICT	PART I (b) DUE TO, OR AS A CONSEQUENCE OF:			27. Yes <input checked="" type="checkbox"/>		
	PART I (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			28. No		
CLARK COUNTY HEALTH DISTRICT	28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo., Day, Yr.)		
	28c. 28d. M			28e. DESCRIBE HOW INJURY OCCURRED		
CLARK COUNTY HEALTH DISTRICT	28f. INJURY AT WORK (Specify Yes or No)			28g. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
	28h. 28i. LOCATION			28j. STREET OR R.F.D. No. CITY OR TOWN STATE		

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.

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

[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