1	RECORDING REQUESTED BY: Fidelity National Title Agency of Nevada Inc.	FILED FOR RECORDING AT THE REQUEST OF											
2	Escrow No. 04-152917-VET Title Order No. 2160016 VT/BJH												
3	When Recorded, Mail To:	First American Title											
4	Lee Christian PO Box 594	2004 OCT 14 PM 4 38											
5	Alamo, Nevada 89001	LINCOLN COUNTY RECURDED FEE LO DEPTID											
6	APN: 004-131-17	LESLIE BOUCHER											
7	AFFIDAVIT TERMINATING JOINT TENANCY												
8	State of Nevada)												
9	County of Lincoln)												
10													
11	LeRoy Christian, being first duly sworn, and deposes and says that affiant is over the age of 21												
12	years and competent to be a witness as to the matters hereinafter stated.												
13													
14	That affiant is LeRoy Christian the person named as LeRoy Christian, one of the grantees in												
15	that certain deed recorded August 17, 1978, as Document No. 62465, in Book 26, Page 452, of												
16	Official Records, in the office of the County Records	er of Lincoln, State of Nevada.											
17													
18	That Clarissa A. Christian was one of the grantees named in said deed and was the identical												
19	person named as Clarissa Ann Christian, the deced	dent in that certain Death Certificate, certified											
20	copy of which is annexed hereto and made a part h	nereof.											
21		/ /											
22	DATED: October 12, 2004	01 6											
23	· LEBOY CHEE	TIAN											
24	Subscribed and Sworn to before me	ELAIN.											
25	this day of the 2004.	WENDY RUDDER											
26	John Curdon and State	Notary Public State of Nevada No. 93-3803-i My appt. exp. June 15, 2005											
27	Notary Public in and for said County and State	(Seal)											
28	11 17												

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

- 1							CERTIFI	CATE	OF DEA	TH					
			FILE NUMBE	R								'	OTATO	ene sam	1050
ZUNT	DECE	ASED-NAM	1E First		Middle			Last		DATE OF DEATH	Mouth, Day	(. Year)		FILE NUM	
	1.	Clari	ee-1	Ann		_					-		`		· DEATH
IENT INK			OCATION OF		Lucaniza	L	HRISTIA	Ŋ.	2	July	8, 20	103	3	a. C1.	ark
				DEATH	HOSPITAL	OHER IN	ISTITUTION—Nai	ne (If not a	ther, give stree	t and number)	If Hosp, p	r Inst. indical lent (Specify	e DOALOR/E.	mer.	SEX
NI.	3b.	Las V	enas		3c. Sugge	rlim Hesni	tal Medical	Cantan							
NT	RACE	(e.g., Whit	e, Black, Amer .) (Specify)	ican Wa	s Decedent of His	spanic Origin?	Specify Dues C	PEHPEL.	AGE-Last	1 096654	3e. S	urger UNDER 1 D	<u>y</u>		femal
			.) (Specify)		cify Mexican, Cut	oan, Puerto Ri	Specify ∏ yesy∏ can, etc.	ina ii yes,	Birthday (Yea	urs) MOS :	DAYS -	HOURS M	INS DATE	OF BIRTH	(Mo., Day, Yr.)
		White		6.					7a. 47	7b.	70	•			1000
		E OF BIRTH			CITIZEN OF WH	AT COUN-	Decedent's Educ	cation. Spe		MARRIED NEV	FEI MARRIE	<u>.</u>	SHOWNING	DOLLER III	, 1955 wile, give majden
IN .		U.S.A., nam			TRY		grade completed	l.		MARRIED, NEV WIDOWED, DIV	ОЯСЕВ	ν,	South Alasked S	roose (III v	wie, Aise tutildett
XN XXX		Color			96 U.S.A .		^{10.} 16 -	+		(Specify)	ried		12.1 pp	o Chi	ristian
G OF	SOCI	AL SECURIT	Y NUMBER		USUAL OCCUPA Working Life, Eve	ATION (Give #	ind of Work Done	During Mo	st of	KIND OF BUS	INESS OF I	NUUSTRY		.)	
EMS	13.						n_1:			l			1	١	
	RESID	DENCE—STA	17E	COUNTY	1696	Tilet. /	Retired	1 (0) 47 (0)		⊥ ^{14b.} Edι	<u>ıcatio</u>	n	\		
<u> </u>				000,111			CITT, TOWN, OR	LOCATION	1	STRE	ET AND NUI	MBER	1		TY LIMITS
		Nevad	a	15b.	incoln		15c. Alast	-		15:1	74 TL		. \		Yes or No)
_	FATH	ER-NAME	First		Middle		Last		HER- MAIDEN	NAME I	34 Th	eresa	L.D. Middle	15e. Y	
S	10	C									1144		MEGGIR	- \	Last
_		Gene				Geor	ge	17.	Phylli	5			\ L	lall	
	INFU	HMAN1—NAI	ME (Type or P	riat)			MAILING A	DDHESS			3.F.D. No., C	ily or Town,	State, Zip)	18LL.	
	16a.	eRnv	Chuis	tism .	- Hueba		105 🖶	~ n				The same of the sa	- 1	\ \	
	BURIA	AL. CREMATI	ION, REMOVA	U OTHER A	- Husbar Specify)	CEMETERY	OR CREMATORY	U. Bo	<u>× 594, </u>	Alaso,	Nevad	a 890	01		
- 1			_	A	эрвенуу	OEMI:TERT C	ON CHEMATORY-	NAME		-	LOCATIO	DM .	Clly or Town		State
ON	19a.	Buris		' //] -	196. Д] а	so Cosot				100 43	The same of the sa		1	N .
OIV.	FUNE	HAL DIALCT	OV SIGNAT	URE /		FUNERAL DIE	RECTOR NAME	AND ADD	HESS OF FAC	ii ITV	HT	aso,	Nevada	<u> </u>	<u> </u>
				-//m		LICENSE	''Y'''			LATE IN	ortuary -	Chevenn		Strange Land	- N
	20a.)	/ /////	M	100		20b. 🔾	O 20c.	7488 U.	Chevenne R	M. Las Vans	se Mausel	- BD126		- N.	- N
	PAN I	21a. To thEi due to t	best of my kna the collise(s) as	wiedere, etrai	to occurred at the	time date an	d place and	1	22:	a. On the basis of all the time, da	f examination	n and/or inve	stigation in a	v oplnlon r	leath occurred
- I			ule and Title)						हे	al lhe time, da	te and place	and due to	he cause(s) a	ind manner	stated.
	PHY		SIGNED (Mo.,		<u> </u>	<u> </u>	<u>и ј</u>	/	୍ଥା <u>ଅ</u> କ୍ର (Si	ignature and Title) 🚩 🛝				7%
	Eo.		1 4		HOC	JR OF DEATH	1	1	completed of the complete of the completed of the complete of the complet	ATE SIGNED (MA	Day, Yr.J	[1	HOUPLOF DE	ATH	7
ΕR	δ⋛	21b. (2			21c.	7.,	49 PM 🤇		S 22	h	1	\	22c.		N
	To be Camp CERTIFYING F	NAME (OF ATTENDIN	IG PHYSICIA	N IF OTHER THA	AN CERTIFIE	H (Type or Prior)			RONOUNCED DE	AD Ode De		PRONOUNCE	D CEAD #	
	ËΕ	21d.						N	۰۰۰ ۵ عرا	IONIOONOED DE	.AD (100., Da	16. 17.)	*HUNCUNCE;	D DEAD (F	lour)
								N	22	d. ON	/ /	l :	2e. AT		
		NAME /	AND ADDRES	S OF CERTI	FIEH (PHYSICIA)	V, ATTENDIN	G PHYSICIAN, M	EDICAL EX	AMINEA, OA C	ORONER). (Typ	e or Print.)			ENSE NUM	BER
Ų		23a. ,	Joera :	Duencl	celmever	· MD T	Р.О. Вох	1567	5 Lac	Vocas N	avada	9011/	.	Q_{ij}^{*}	754
_ `	REGIS	STRIAR	1 /		to zmeyer		1 154	TE BESSEL	ну шаз	vegas N	evaua	07114	t 23b.		ンケ
S	l		1/-	4	(() ()	\cap	DA DA	IE RECEIV	ENHI HEGISI	TANA 2603	Yr.) DEATH	DUE TO CO	OMMUNICABL	LE DISEAS	E
5 E	L	ر Signature)	1 P(1)	Juo'∹	トルルメりん	AL NO	1 1 24).	7%	4,700	24c.	YES	NO DEC		
	25. IM	MEDIATE CA	NUSÉ <i>(E</i>	NTER ONLY	DNE CAUSE PE	H LIIIE FOR	(a), (b), ANJO (c).)	The same of the sa		- 		·LJ		l baterage	onset and death
E					- P		- 15°	750		No.	N _		mierva		
ā	PART	(a)	Cardia	C M	rrest	and the same of th			<u> </u>		74		:	41mi	n
. [•	DUI	E TO, OR AS	A CONSEQU	ENCE OF:		1	h	1	1	7		Interva	l between	onset and death
		(L)	Corone	ary A	rtery]	Disease		The same	- N	- N.		٧.	:		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E TO, OR AS	A CONSEQU	IENCE OF			1				<u> </u>	•		
		\	_		- 1			74	. \		7%	7	Interva	il balwaen e	onset and death
)F		(0)	ط1011رك	eles	Mellity	>			\ \		- N		:		
	PARI	ОТНЕЯ	SIGNIFICANT	CONDITION	VS-Conditions co	antributing to	death but not resu	iting in the	unt orlying caus	se given in Part 1	LAUTOPSY	(Spe	city WAS C	ASE REFE	DDCD TO
	II				\				, . 5 3400	g. s. a. a. a. a. a.		Yes or	No) CORO	NER (Speci	ty Yest or No.
]	107	Minut			1				\	1	26. Ye	E	27.		- X (V/VI)
	ACC., OR PE	SUICIDE, HO ENDING INVE	OM., UNDET., EST.	DATE OF I	NJURY (Mo., Day,	Yr.) HOUR C	OF INJURY	DESCRI	BE HOW INJUI	RY OCCURRED		-		Yes	- \/
	- {Sρeci	ity)	1	28h.	\ \\	280		1 200)
	28a.	NAT MODE		1	E MI HIDY AND	28c,		A 28d.							
- 1	(Speci	NY AT WORK Ny Yes or No)		PLACE OF	FINJURY At ho building	me, Lirm, stro j, etc. <i>(Specif</i>)	et, factory, office	LOCATIO	NC NC	STREET OR R	I.F.D. No.	CIT	Y OR TOWN	ST	ATE
	28e.		Name and Address of the Owner, where the Owner, which is the	281.	_ \	The soul		28g.	/	/					
`	7	-		-1	74	-34		1	/	<u></u>					
1	r'	1			- N	74	Name and Address of the Owner o	-				N I	~ 2A	101	ว 1
- /		1			STA	TE REG	ICTDAD		1			IN.	o. 24	LU,	J T.

"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: Date Issued:

JUL 15 2003

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

192 PAGE 227

File Number: 2160016

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 34, in Alamo South Subdivision Tract No. 1, Unit No. 1 as shown on the map thereof recorded on file in Book A-1 of Plats, Page 124, in the Office of the County Recorder, Lincoln County, Nevada.

