APN: 3-132-13 \$27-51.

WHEN RECORDED MAIL TO and MAIL TAX

STATEMENT TO: LINDA JOHNSON 674 MONTVILLA DRIVE LAS VEGAS, NV 89123 FILED FUN RECORDING
AT THE REQUEST OF

LINCOLN COUNTY MECUACER
FEET 1000
LESLIE BOUCHER RB

### AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA ) ss. COUNTY OF LINCOLN )

Norma D. Neiger, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same person named as Norma D. Neiger, one of the grantees in that certain deed recorded September 17, 1992 as Document No. 099351 in Book 103 Page 229 in the office of the County Recorder of Lincoln County, State of Nevada.

#### See Exhibit A attached hereto and made a part hereof.

That Clarence R. Neiger was one of the grantees named in said deed and was the identical person named as Clarence R. Neiger, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Norma D. Neiger

On this Section 1997 On this S

appeared before me, a Notary Public,

personally known or proven to me to be the person(s) whose name(s) is/are subscribed to the above instrument, who acknowledged that he/she/they executed the instrument for the purposes therein contained.

Notary Public

OTARN PUBLIC

OURSE OF CONTROL OF NEW OF MARCHELLE BARRDER

No. 97-4508-1

No. 97-4508-1

No. 97-4508-1

Ourse of Control Services Service

#### **EXHIBIT A**

ALL LOTS NUMBERED TWENTY-EIGHT (28) AND TWENTY-NINE (29) IN BLOCK B OF THE JAMES H. GOTTFREDSON ADDITION TO THE CITY CALIENTE, AS SAID ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, AND TO WHICH SAID PLAT AND THE RECORDS THEREOF REFERENCE IS HEREBY MADE FOR FURTHER PARTICULAR DESCRIPTION.

TOGETHER WITH ANY AND ALL IMPROVEMENTS SITUATED THEREON.



Page 2 of 2

# CERTIFICATION OF VITAL RECORD

## **DEPARTMENT OF HUMAN RESOURCES**

**DIVISION OF HEALTH** VITAL STATISTICS

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

	_		LOCAL FILE NUMBE	R								STA	STATE FILE NUMBER		
PE PRINT	_	DE:CEAS	SED—NAME First		Middle	L	ast ·	D/	ATE OF DEAT	iH (Month, I	Day, Year)		COUNTY O	F DEATH	
IN ANENT		1.	Clarer		Russell	NEIGE		_		ary 2	6, 200	4	<sub>3a</sub> Linc	oln	
CK INK		CITY, TO	OWN OR LOCATION OF	DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)  If Hosp. or Inst. Indicate D Rm. Inpatient (Specify)								- 1	SEX	
DENT		3bCaliente			3c./52 Lincoln Street					1 '	patient (Specif)	" \	. \/.	Male	
7-11		1./b i + o			/as Decedent of Hispanic Orig pecity Mexican, Cuban, Puerti	jin? Specify 🗋 yes 💢 no o Rican, etc.			UNDER MOS :		HOURS : N	MINS	1 1	(Mo., Day, Yr.)	
			OF BIRTH	6.			7a.		7b.		7c.	8July 10, 1930			
EATH Arred in		(if not U.	S.A., name country)		CITIZEN OF WHAT COUNTRY	Decedent's Education grade completed.	on. Specify hi	·   \	MARRIED, NE MIDOWED, DI	MORCED		SURVIVING	SPOUSE (# 1	vife, give maiden name)	
ENTRON			ifornia		9b. U.S.A.	10. 14	A**	{	Specify) Ma	arrie	d	12Nort	na D.	Neiger	
NDBOOK IPDING		SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GA Working Life, Even if Retire	e Kind of Work Done Do	uring Most of		KIND OF BU	SINESS OF	INDUSTRY	-			
ETION OF ICE ITEMS	:	13			14a Captain	w,			14b. Fire Department			nt	t l		
1.	:	RESIDENCE—STATE COUNT			Y	CITY, TOWN, OR LO	CATION				AND NUMBER		INSIDE C	ITY LIMITS	
<b>&gt;</b>	>		vada	15b. L	incoln	15c. Calient					Lincol	n St.	15e. Y	Yes or No) es	
INTS		FATHER	—NAME First		Middle	Last	MOTHER -	MAIDEN N	IAME	First		Middle		Last	
		16.	Edwin		Ne:	iger 🧪	17.		G1	Ladys			Hazl	let 🔪	
		INFORM	ANT-NAME (Type or P	rint)	•	MAILING ADD	AESS		(Street or	R.F.D. No.,	City or Town,	State, Zip)		-	
	. [		rma D. Nei			18b. P.O.	Box 2	217	Calier	ite, l	Nevada	89008	3		
ĺ		BURIAL,	CREMATION, REMOVA	L, OTHER	(Specity) CEMETER	Y OF CREMATORY—N	AME	7		LOCAT		City or Tow		State	
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SITION		FUNERA (Or Perso	L DIBECTOR SIGNATION Acting Such)	URE	FUNERAL LICENSE	DIRECTOR NAME A	ND ADDRESS	OF FACIL	<sup>πγ</sup> Wis	scombe	e Fune	ral Ho	me. I	nc.	
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ſ	~	z (0	. To the best of my kno due to the cause(s) st	deuge, de	ath occurred at the time, date	and place and	V .		On the basis	of examina	tion and/or inve	estigation, in	my opinion d	esth occurred	
	1	NO N	(Signature and Title)		n axnomi		<b>N</b>	<u>م</u> ه	794.	764	ce and due to	the cause(s)	and manner	stated.	
	, ,	34 43 43 43 43 43 43 43 43 43 43 43 43 4	DATE SIGNED (Mo.,		HOUR OF DE	ATH		ST DAT	nature and Titl E SIGNED (M		).	HOUR OF D	EATH		
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тн		PART	OTHER SIGNIFICANT	CONDITIO	ONS-Conditions contributing	to death but not resulting	In the underly	ring cause	given in Part	1. AUTOPS	SY (Spe Yes or	No) CORC	CASE REFER ONER (Specif	RRED TO	
					Λ.					_ 26. No			Yes	, <del> ,</del>	
1		OR PEND	ICIDE, HOM., UNDET., DING INVEST.	DATE OF	INJURY (Mo., Day, Yr.) HOU	R OF INJURY	DESCRIBE HO	W INJURY	OCCURRED			-		1	
N	(Specify) 28b. 28c. M 28d.											1			
		INJURY A (Specify Y		PLACE (	OF INJURY—At home, farm, : building, etc. (Spe	street, factory, office L	OCATION.		STREET OR I	R.F.D. No.	CIT	Y OR TOW	N STA	ATE.	
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STATE REGISTRAR

No.239562



04702

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: MAR 1 2 2004

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.