

FILED FOR RECORDING
AT THE REQUEST OF

Carol A. Cox

2005 MAR 7 AM 10 31

LINCOLN COUNTY RECORDER
FEE 16.00 DEP *an*
LESLIE BOUCHER

APN 010-181-15

APN _____

APN _____

Affidavit Terminating Joint Tenancy

Title of Document

After recording, return to:

Carol A. Cox
P.O. Box 752
Tonopah, NV 89049

Grantees address and mail tax statements to:

Carol A. Cox
P.O. Box 752
Tonopah, NV 89049

APN 010-181-15

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : SS
COUNTY OF_NYE)

Carol Cox, being first duly sworn, deposes and says that she is over the age of 21 years and competent to be a witness as to the matters hereinafter stated, and makes this affidavit in her capacity as the surviving spouse of Charles V. Cox, Deceased.

Charles V. Cox and Carol Cox, husband and wife, are the named joint tenants in that certain grant, bargain and sale deed recorded in Book 144, Page 301 of official records in the Office of the County Recorder of Lincoln County, State of Nevada, wherein the below described property was conveyed by said instrument to **Charles V. Cox and/or Carol Cox**, to-wit:

Lot 2 Sunset Acres 4.74 AC, APN 010-181-15

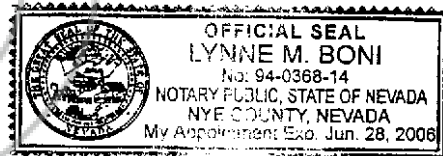
That **Charles V. Cox**, one of the grantees named as a joint tenant in said instrument, died on or about August 29, 2001 at Clark County, Nevada, and was the identical person named as **Charles Virgil Cox**, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

Carol Cox

Carol Cox

Subscribed and sworn to before me
this 2nd day of March, 2005.

Lynne M. Boni
NOTARY PUBLIC in and for said
County and State



After recording, return to:

Carol Cox
P.O. Box 752
Tonopah, Nevada 89049

Grantees address and mail tax statements to:

Carol Cox
P.O. Box 752
Tonopah, Nevada 89049

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

LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Charles Virgil COX		2. August 29, 2001		3a. Clark			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		II Hosp. or Inst. indicate DOA, OP/Emer. (Specify)		SEX	
3b. Las Vegas		3c. Nathan Adelson		3e. Inpatient		4. Male	
5. Caucasian		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 65		8. Oct. 2, 1935	
9a. Nevada		9b. USA		10. 12		11. Married	
13. [Redacted]		14a. Foreman		14b. State Government		12. Carol Ann Eason	
15a. Nevada		15b. Nye		15c. Tonopah		15d. 209 Booker St.	
15e. Yes		16. Eldred Arthur Cox		17. Avis L. Riddle			
18a. Carol Ann Cox		18b. P.O. Box 752, Tonopah, NV 89049		19b. Desert Crematory		19c. Las Vegas Nevada	
20a. [Signature]		20b. 507		20c. 8570 Del Webb Blvd., Las Vegas, NV 89134			
21a. [Signature]		21b. 8/30/01		21c. 1240			
23a. Paul E. Michael, M.D. 3730 S. Eastern Ave., Las Vegas, NV 89109		23b. 5214		24b. AUG 31 2001			
25. IMMEDIATE CAUSE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		27. Yes			
PART I (a) Metastatic peritoneal adenocarcinoma		28b. [Redacted]		28c. [Redacted]		28d. [Redacted]	
PART II		28e. [Redacted]		28f. [Redacted]		28g. [Redacted]	

No.178213

STATE REGISTRAR



BK 522
 PG 7
 11/21/2003

"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 31 2001

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

BOOK 197 PAGE 459