

FILED FOR RECORDING
AT THE REQUEST OF

John & Vickie Petrie

2005 APR 8 PM 1 38

LINCOLN COUNTY RECORDER
FEE 15.00 DEP *ca*
LESLIE BOUCHER

APN: 3-087-04

When recorded, mail to:
John & Vickie Sue Petrie
5148 Cantera Crt.
LAS Vegas, NV 89120

AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF NEVADA)
COUNTY OF Lincoln) ss.

John & Vickie Sue Petrie hereby swears (or affirms) under penalty of perjury, that the following assertions are true of his/her own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated

2. I am John & Vickie Sue Petrie the same person named as Vickie Sue Petrie one of the grantees named in that certain Real Property Deed recorded as Document No. 4003 in Book 146, Page 298 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.

3. The real property which is the subject of the above-described deed is located in the County of Lincoln, State of Nevada, and is known as Valiente, Lincoln County, Nevada, and more specifically described as follows, to wit:

(legal description)

Assessor's Parcel No. 3-087-04

3. William J. Acklin also, one of the grantees named in said deed, is the identical William J. Acklin named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am _____'s (describe family relationship, if any, of affiant to deceased joint tenant).

4. As recited in the above-described Certificate of Death, William J. Acklin died on Aug 17 2004 in LAS Vegas, NEVADA County, Nevada.

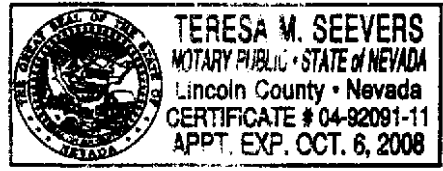
Vickie Sue Petrie
(type affiant's name here)

State of Nevada
County of Lincoln

This instrument was acknowledged before me on April 8, 2005 by John & Vickie Sue Petrie
(DATE/JURAT) (NAME OF PERSON)

Teresa M. Seevers
(Signature of notarial officer)

556



SEAL 2002

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. William J. ACKLIN		2. August 14, 2004		3a. Clark		COUNTY OF DEATH	
3b. Las Vegas		3c. Desert Springs Hospital		If Hosp. or Inst. Indicate DOA, OP/Emer. Im. Inpatient (Specify)		SEX	
4. Male		5. White		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. 88	
8. April 29, 1916		9a. Nevada		9b. USA		10. 10	
11. Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)		13. [REDACTED]		14a. Conductor	
14b. Railroad		15a. Nevada		15b. Clark		15c. Las Vegas	
15d. 3120 Sonata Dr.		15e. Las Vegas		16. William H. Acklin		17. Lena Belle Dula	
18a. Vickie Petrie		18b. 5448 Contera Ct., Las Vegas, NV 89101		19a. Cremation		19b. Memory Gardens Crematory	
20a. [Signature]		20b. 30		20c. Bunker Mortuary 925 Las Vegas Blvd. No.		19c. Las Vegas NV	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. 8-17-04		21c. 3:05 AM		22a. ON	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		21e. Scene Anjum MD, 4275 S. Burnham #200 Las Vegas NV, 89119		21f. 8795		22b. AT	
23a. Jean Brucki, Deputy		23b. AUG 18 2004		23c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) Cardio-pulmonary failure		PART II (a) Cardio-pulmonary failure		PART III (a) Cardio-pulmonary failure		PART IV (a) Cardio-pulmonary failure	
PART I (b) CHF		PART II (b) CHF		PART III (b) CHF		PART IV (b) CHF	
PART I (c) Renal failure		PART II (c) Renal failure		PART III (c) Renal failure		PART IV (c) Renal failure	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		26. No		27. No		28. No	
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28c. M		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION		28h. STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 267793

"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 24 2004

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

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