FILED FOR RECORDING AT THE REQUEST OF

A.P.N.:

004-131-13

File No:

152-2198483 (MJ)

When Recorded Return To: Jacklyn D. Bennett P.O. Box 417 Alamo, NV 89001 First American Title

2005 APR 18 PM 12 37

LINCOLH COUNTY RECORDER

FEE \$15.0 DEP

LESLIE BOUCHERAP

AFFIDAVIT - TERMINATING JOINT TENANCY

Jacklyn D. Bennett, of legal age, being first duly sworn, deposes and says:

That **David LaVerne Bennett**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **David L. Bennett** named as one of the parties in that certain **Quitclaim Deed** dated **March 15, 1999** executed by **David L. Bennett and Jacklyn D. Bennett, as Trustees of the Bennett Family Trust** to **David L. Bennett and Jacklyn D. Bennett, husband and wife** as joint tenants, recorded as Document No. **112533** on **March 30, 1999** in Book **141, Page 20** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada**:

Lot Thirty (30) in Alamo South Subdivision Tract No. I. Unit No 1. according to the map thereof recorded January 13, 1977, in Book A-1 of Plats, Page 124, as File No. 59020.

Jacklyn D Bennett

Date

STATE OF

NEVADA Idaho

)

COUNTY OF

LINCOLN NEZPETCE ;

This instrument was acknowledged before me on ADY IL 12,2005 by

Jacklyn D. Bennett

Notary Public

(My commission expires: 09-24-2010)

STATUE OF NEVA

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 NUMBI	R	<u> </u>						1	STAT	E FILE NUM	ABER		
TYPE OR PRINT				Middle	Middle			DATE O	F DEATH (Mont	h, Day, Year)		COUNTY OF DEATH			
IN ERMANENT LACK INK	David CITY, TOWN OR LOCATION OF DEATH			LaVerne	OTHER INC.	BENNET	2.Jan	nuary 20		3a. Lincoln					
	36 Alaı		20	₃ 30 Th			prinot either, give	simer and nu	umoen) It Ho Fim. Se.	sp. or Inst. Indical Inpatient (Specify	le DOA, OP/E)	1	sex 4.Male		
CEDENT		3 White, Black, Ame ian, etc.) (Specify)	rican W	as Decedent of Hispa ecify Mexican, Cuban			If yes, AGE—L	ast L	UNDER 1 YEAR	UNDÉR 1 D	AY IDATE	. %	(Ma., Day, Y	· · ·	
	5. White 6.			ecity Mexican, Guban	, Puerto Ricau	cain, etc. Birthday (Y			/ears) MOS DAYS HOURS 7c.		MINS December 2, 1929			•	
IF DEATH DOCURRED IN	STATE OF (If not U.S.A	L, name country)		CITIZEN OF WHAT		ecedent's Education	n. Specify higher	WILLY	IED, NEVER MA	RRIED,			mile, give mald		
INSTITUTION EE HANDSOCK	9a. Mic	nigan CURITY NUMBER		9b. U.S.A.	10	. 16		(Specif	^w Marrie	ed	12. Jacl	klyn I	Hubbar	ct	
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BIDENCE ITEMS	13. RESIDENCE	S-STATE	COUNTY	14a Mechan		Y, TOWN, OR LO	CATION	146.	Automot			7	_ _		
└ ▶	15aNeva	_		incoln	1		CAHON		STREET AND		+	(Specify)	FITY LIMITS Yes or No) P.S.	March 1	
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	18a Jacl	klyn D. B	ennet	t		18b. P.O	. Box 41	l7 A1	amo, Ne	vada 89	001	1			
	BURIAL, CR	EMATION, REMOVA	L, OTHER	(Specify) CEI	METERY OF	CREMATORY—N	AME	\.		ATION	City or Town	1	State		
POSITION	19aCre	nation		196	Cremat	ion Cen	ter of S	St. Ge	orge 19c.	St. Ge	orge,	Uta	ah		
		DIRECTOR SIGNAT Acting as Each)	UHE THE			TOR NAME A	ID ADDRESS OF	FACILITY	Wiscomb	e Funer	al Hor	ne, Ir	nc.		
	> 20a. > /2 z 21a. (1	To the best of my kno	wledge, dea	ati accurred at the tim		20c. /	30 Front								
		due to the cause(s) so Signature and Title)		/ /		8				examination and/or hivestigation, in my opinion death occurred and place and task in the crumelst and manner stated.					
	Pete F	DATE SIGNED (Mo.,		HOUR	OF DEATH		- Jese	DATE SIG	and Title) NED (Mo., Day,		IOUR OF DE	ATH			
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L⋠	<u> </u>	(b) Hypertension DUE TO, OR AS A CONSEQUENCE OF											Years		
/	/ (DUE TO, OR AS	A CONSEQU	JENCE OF:	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the						mterva	i between o	nset and dea	ath	
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1	(Specify Yes 28e.	or No)	7	F INJURY—At home, building, et	farm, street, c. (Specify)		OCATION.	STREE	ET OR FI.F.D. No	o. CIT	Y OR TOWN	STA	TE		
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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: FEB = 9 2004

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar. 800K 200 NGE



