

FILED FOR RECORDING  
AT THE REQUEST OF

AFFIDAVIT OF  
SURVIVING JOINT TENANT

*Sherrrie Chambers*

2005 JUN 27 PM 2 49

STATE OF NEVADA     )  
                                  :SS  
COUNTY OF LINCOLN    )

LINCOLN COUNTY RECORDER  
FEE *16.00*     DEP *an*  
LESLIE BOUCHER

I, SHERRIE M. CHAMBERS, hereby swear or affirm under penalty of perjury, that the following assertions are true of my own personal knowledge.

1. That I am over twenty-one (21) years of age and I am competent to be a witness for the matters hereinafter stated.
2. I am SHERRIE M. CHAMBERS the same person named as SHERRIE M. CHAMBERS, one of the grantees in that certain Grant Bargain Sale Deed, recorded as

**Document No. 100541, in Book 106, Page 254,**

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

*correction  
S.M.C.*

**345 N. Main Street, Alamo, Nevada**

4. And more specifically described as follows, to wit:

That certain parcel of land situate in the Southwest Quarter (SW<sup>1</sup>/<sub>4</sub>) of Section 5, T7S., R61E., MDB&M., described as follows, to-wit:

COMMENCING at the center of said Section 5, as marked on side of the irrigation ditch, thence due West a distance of 443 feet to the TRUE POINT OF BEGINNING; thence continuing due West a distance of 120 feet; thence due South a distance of 140 feet; thence due East a distance of 120 feet; thence due North a distance of 140 feet to the TRUE POINT OF BEGINNING and being all situate in Lincoln County, Nevada.

5. ROBERT LEE CHAMBERS, decedent, also one of the grantees named in said deed, is the identical ROBERT LEE CHAMBERS, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof. I am SHERRIE M. CHAMBERS, wife of decedent.



**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. Robert Lee CHAMBERS		2. February 14, 2004		3a. Clark			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Am. Inpatient (Specify)		SEX	
3b. Las Vegas		3c. Health South Hospital		3a. Inpatient		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. Caucasian		6.		7a. 72		8. Sept. 4, 1931	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Texas		9b. USA		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Pipefitter		14b. Construction		12. Sherrie Garn	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Alamo		15d. 345 N. Main St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME		MOTHER—MAIDEN NAME			
15e. Yes		16. Marvin Charles Chambers		17. Tommie Frances Bryan			
FATHER—NAME		MOTHER—MAIDEN NAME		MOTHER—MAIDEN NAME			
16. Marvin Charles Chambers		17. Tommie Frances Bryan		17. Tommie Frances Bryan			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		MAILING ADDRESS			
18a. Sherrie M. Chambers		18b. 345 N. Main Street, Alamo, NV 89001		18b. 345 N. Main Street, Alamo, NV 89001			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City or Town State	
19a. Cremation		19b. Desert Crematory		19c. Las Vegas Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 504		20c. Neptune Society of Nevada 8570 Del Webb Blvd., Las Vegas, NV 89134			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		22b. DATE SIGNED (Mo., Day, Yr.)	
21b. 2-17-04		21c. 2215		22b. [Signature]		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. AT			
21d. Michael D Schachter, M.D., 653 Town Center Dr., #202, Las Vegas, NV		22d. ON		22e. AT			
23a. Michael D Schachter, M.D., 653 Town Center Dr., #202, Las Vegas, NV		23b. 89144		23c. 5562			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. FEB 19 2004		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
PART I (a) Cardiopulmonary Arrest						Interval between onset and death: 5 minutes	
(b) Coronary Artery Disease						Interval between onset and death: 15000ms	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
PART II Chronic Obstructive Pulmonary Disease		26. No		27. No			
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 260211

"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: FEB 23 2004

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