

125089

A.P.N.: 011-090-19 and 008-291-02 and 011-
File No: 200-19 and 011-200-51 and 011-200-
50
152-2225128 (MJ)

FILED FOR RECORDING
AT THE REQUEST OF

First American Title
2005 AUG 26 PM 4 06

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

When Recorded, Mail Tax Statements To:
Mark H. Wright
PO Box 87
Hiko, NV 89017

AFFIDAVIT - TERMINATING JOINT TENANCY

Freeda M. Schofield, of legal age, being first duly sworn, deposes and says:

That **Wm. U. Schofield, Jr.**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Wm. U. Schofield, Jr.** named as one of the parties in that certain **Deed of Trust** dated **September 7, 1976** executed by **Robert C. Lewis and Vivian Lewis, husband and wife to Wm. U. Schofield, Jr. and Freeda M. Schofield, husband and wife** as joint tenants, recorded as Document No. **58706** on **October 29, 1976** in Book **18, Page 517**, AND in that certain Deed of Trust dated September 7, 1976, executed by Robert C. Lewis and Vivian Lewis, husband and wife, to Wm. U. Schofield, Jr. and Freeda M. Schofield, husband and wife, as joint tenants, recorded as Document No. 58707, on October 29, 1976, in Book 18, Page 519, both in Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

The South Half (S 1/2) of the North Half (N 1/2) of the Southwest Quarter (SW 1/4) of Section 35, Township 4 South, Range 60 East, M.D.M., AND that portion of the South Half (S 1/2) of the North Half (N 1/2) of the Southeast Quarter (SE 1/4) of Section 34, Township 4 South, Range 60 East, M.D.M., lying East of the Easterly right of way line of State Highway No. 38.

Freeda M. Schofield

Freeda M. Schofield Date

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STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **LINCOLN**)

This instrument was acknowledged before me on
August 18, 2005 by

Freeda M. Schofield

Betty Jo Jarvis
Notary Public
(My commission expires: March 20, 2009)



COPY

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

001810

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 1 William Udall SCHOFIELD, Jr.		DATE OF DEATH (Month, Day, Year) 2 April 8, 1991		STATE FILE NUMBER COUNTY OF DEATH 3a. Clark	
CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. University Medical Center		If Hosp. or Inst. indicate DC A, OP/Emer. or Inpatient (Specify) 3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6		AGE—Last Birthday (Years) 7a. 78	
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		Decedent's Education grade completed. 10. 13	
SOCIAL SECURITY NUMBER 13.		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Dairy Rancher		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln		CITY, TOWN, OR LOCATION 15c. Hiko	
FATHER—NAME First Middle Last 16. William Udall Schofield		MOTHER—MAIDEN NAME First Middle Last 17. Josephine Olive Bean		STREET AND NUMBER 15d. Quail Hollow	
INFORMANT—NAME (Type or Print) 18a. Freeda M. Schofield		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. Box 24, Hiko, Nevada 89017		KIND OF BUSINESS OR INDUSTRY 14b. Agriculture	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Hiko-Schofield Cemetery		LOCATION City or Town State 19c. Hiko Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20c. 925 Las Vegas Blvd. N., Las Vegas, Nevada 89101	
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) <i>[Signature]</i>		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) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 4-9-91	
21c. HOUR OF DEATH 21c. 3:30am		22c. HOUR OF DEATH		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23a. William J. Schofield, M.D. 1701 W. Charleston Bl, Las Vegas, Nv. 89102		22d. ON		22e. A	
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) APR 10 1991		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART I (a) <i>Cardiac arrest</i> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(b) <i>Supraventricular tachycardia</i> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
		(c) <i>* COPD *(Chronic Obstructive Pulmonary Disease)</i>		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) 26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.		HOUR OF INJURY 28c.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
		LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE 28j.	

STATE REGISTRAR

No. 026419

"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

OTTO RAVENHOLZ, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: APR 16 1991

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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