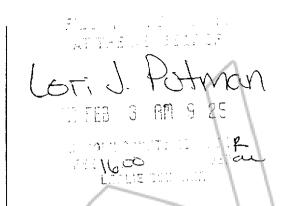
APN: 001-333-31

RECORDING REQUESTED BY:

Lori J. Putman 6409 Peppermill Drive Las Vegas Nevada 89146

WHEN RECORDED, MAIL TO: SAME AS ABOVE

MAIL TAX STATEMENTS TO: SAME AS ABOVE



## AFFIDAVIT-TERMINATION OF JOINT TENANT Death of a Joint Tenant

I, Lori J. Putman, the Affiant, being of legal age, and being first duly sworn, depose and says:

That John Paul Putman, the Decedent mentioned in the attached certified copy of his Certificate of Death, is the same person as John P. Putman, named as one of the parties in that certain Deed, dated on the 21<sup>st</sup> day of January, 2005 and executed by Jim Vincent, Managing Member of J & S Properties, LLC., a Nevada Limited Liability Company, to Charles Gomez and Sharon L. Gomez, known as Grantees, as joint tenants with right of survivorship, and recorded as Instrument number 001-333-31 on the 28<sup>th</sup> day of January, 2005, Book 196, Page 188, File NO. 152-2183432 (MJ) Instrument 123698 of Official Records of Lincoln County, Nevada, covering the following described property situated in the County of Lincoln, State of Nevada described as follows:

APN: 001-333-31

That portion of the Southeast Quarter (SE1/4) of the Southwest Quarter (SW1//4) of Section 10, Township 1 North, Range 67 East, M.D.B. & M., Lincoln County, Nevada, described as follows:

Parcel 17 of Subsequent Parcel Map for J and S Properties recorded July 12, 2004 in Plat Book C, page 61 as File 122620 in the Office of the County Recorder, Lincoln County, Nevada.

Page 1 of 2

APN: 001-333-31

APN: 001-333-31

SUBJECT TO: 1. All general and special taxes for the current fiscalyear.

2. Covenants, Conditions, Restrictions, Rights of Way,

and Easements now of record.

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

In Mitman Mihanaf I ha	ve hereunto set my hand this	20 day of
	ive nereunto set my nand this _	aay or
<u>JAMORY</u> , 2006.		
~/ · / \ \ \ / /		L.

STATE OF NEVADA )

COUNTY OF CLARK)

On this <u>30</u> day of <u>Janeau</u>, 2006, personally appeared before me, a Notary Public LORI J. PUTMAN, personally known to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed this instrument.

Witness my hand official seal:

Notary Public, in and for said County and State

CYNTHIA R. FOLLIS Notary Public State of Nevada No. 92-0871-1 My appt. exp. Apr. 1, 2008

Page 2 of 2

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

TYPE /	DECEAS	LOCAL FILE NUMBER	n							, 	STAT	E FILE NUMBER
DA PRINT IN			D	Middle			ist		F DEATH (Month			COUNTY OF DEATH
ERMANENT BLACK INK	1. CITY, 16	John		aul Hospital		PUTMAN	de nat althou aire	2 Dec	cember :			3aClark_
CEDENT		as Vegas (e.g., While, Black, Ameri Indian, etc.) ( <i>Specify</i> )		3c. 640	9 Penne	rmill Dr	ive		Rm. 3e.	sp. or Inst. Indica Inpatient (Specify	ile DOA, OP/ /}	Emer. SEX
	5.	White	can W sp 6.			Specify ☐ yes ∐i <b>X</b> o an, etc.	If yes, AGE—1.a. Birthday (	st Years) 5 <b>0</b> 76	NDER 1 YEAR MOS DAYS	HOURS N	MINS	OF BIRTH (Mo., Day, Yr.)  Jan 25, 1955
IF DEATH OCCURRED IN INSTITUTION	STATE ( {If not U. 9a.	STATE OF BIRTH (If not U.S.A., name country) ga. Oklahoma		CITIZEN OF WHAT COUNTRY  9b. U.S.A. 10.		recedent's Education. Specily highest rade completed. 0. 1.4		MARRI WIDOV (Specify	MARRIEO, NEVER MARRIED, SUR WIDOWED, DIVORCED (Specify) Narried 12.		SURVIVING	VIVING SPOUSE (If wife, give malden name)  Lori Hanson
EE HANDBOOK REGARDING OMPLETION OF SIDENCE ITEMS	SOCIAL 13,	SECURITY NUMBER		Working Life, E	PATION (Give Kir ven if Relired) ngineer	nd of Work Done Du	ring Most of		OF BUSINESS (		L	
1	RESIDE	NCE-STATE	COUNTY		_	ITY, TOWN, OR LO	CATION		STREET AND			NSIDE CITY LIMITS
<b>-≻</b> [.	15a.	Nevada	15b.	Clark	15	sc. Las	Vegas			<b>0</b> 9 Peppermi	11 Dr.	(Specify Yes or No)
101211170	FATHER	—NAME First		Middle		Last	MOTHER-MAIL	EN NAME	First		Middle 🥒	Last
ARENTS	16.	John			Put	Putman 17. Jin			mie /			Bennett
	INFORM	ANT—NAME (Type or Pri				MAILING ADD			treet or R.F.D. N			
,	18a,	Lori Putma			A=11=1==1	18b. <b>6</b> 4	109 Peppe	ermil.			- 1	ada 89146
	19a.	Cremation,	., OTHER	(преспу)		rchematory—N lm Cremat			1200	ATION V	City or Tow	
POSITION		DIRECTORY-SIGNATU			ACILITY		Las V		Nevada			
Ĺ	20a. 1325 M. Main St., Las Vegas, Nevada 89101										\	
	호 본 본 전 21:	que lo the cayee(s) sia	nea.	alh occurred at th	e time, date and	place and		22a. On Illi at the	e basis of exami	nation land/or inv	estigation, ld	ny opinion death pocurred and manner street
	HYSL	(Signature and Title) DATE SIGNED (Mo., I		Be (Signature and Title) ► CLUM M. (CLUM) I VUO								
	Completed I	21b.		EE 10/0/11/								
RTIFIER	216.   21c.   22c. Bef.: 8:45 P.M.   21d.   21d.									E.: 8:45 P.M.		
1	E.E.	21d.					1	and ON	12/21/0	5		8:45 P.M.
,		NAME AND ADDRESS	OF CERT	IFIER (PHYSICI	AN, ATTENDING	PHYSICIAN, MEDI	CAL EXAMINER, O	R CORONE	R). (Type or Pric	11.)	22e. AT	CENSE NUMBER
_	REGISTE	<sub>23a.</sub> Alane M.	$\frac{01s}{\sqrt{1-s}}$	on, MD,	Med. E		JF		796.	-	[23	
NDITIONS IF ANY ICH ISAVE	24a. (Sig	''' . <i>Y-</i>	<del>. V ()</del>	المدالات	$h0. \Delta$	M-1	RECEIVED BY REC			1	OMMUNICA	BLE DISEASE
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USE LAST	ı	DUE 10, OF AS A	CONSEQ	UENCE OF:			1	V		/	Inter	val between onset and death
L		(b)						Ν.	/ /		:	
, i		DUE TO, OR AS A	CONSEC	UENCE OF:			1	~			Inter	val between onset and death
USE OF		(c)	CONDITIO	ND C- W-			^	<u> </u>				
DEATH	PART	OTHEN SIGNIFICANT			_	The state of the s			26.	resu	ecify WAS No) CORO 27.	CASE REFERRED TO ONER (Specify Yes or No) Yes
	ACC., SL OR PENI (Specify)	HCIDE, HOM., UNDET., DING INVEST.		INJURY (Mo., Ca)	1	70.0	DESCRIBE HOW IN		URAED	٧.		
	28a. INJURY <i>I</i>	Accident At WORK Yes or No)	PLACE C	. 21 . 200 of Injury—Act	5 28c. orne, farm, stree ig, etc. (Specify)	t, racioly, office	LOCATION.	SIRE	ELORRED. N	o. 🄰 CI	TY OR TOW	
(	2Be.	<u>No</u>	281.		idence		28g 6409 P	epper	mill Dr	., Las	Vegas	, Nevada
				er	ATE DECI		\					29907

"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

Bv

Date Issued:

DEC 30 2005

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

BOOK 211 PACE 431