

125920

FILED FOR RECORDING
AT THE REQUEST OF

Gerald Leonard

2006 FEB 8 AM 11 01

LINCOLN COUNTY RECORDER
FEE 1500 + 2500 DEP
LESLIE BOUCHER

1 A.P.N.: 004-132-14
2 When Recorded, Mail To:
3 G.W. Leonard
4 PO Box 178
5 Alamo, NV 89001

8 AFFIDAVIT OF DEATH OF JOINT TENANT
9 TO TERMINATE JOINT TENANCY

10 State of Nevada)
11 County of Lincoln)

12
13 Gerald W. Leonard, of legal age, being first duly sworn, deposes and says:

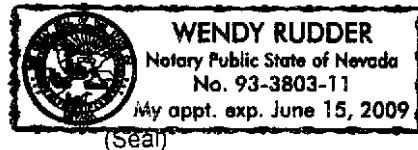
14 That Donna L. Leonard, the decedent mentioned in the attached certified copy of the Certificate of Death,
15 is the same person as Donna L. Leonard named as one of the parties in that certain Grant, Bargain, Sale
16 Deed dated August 12, 1982 as joint tenants, recorded as Instrument No. 76304 on October 8, 1982, in
17 Book 52, Page 75 of Official Records of Lincoln County Recorder, Lincoln County, Nevada, covering the
18 following described property situated in the said County, State of Nevada:

19
20 **Lot 23 in Alamo South Subdivision Tract No. 1, Unit No. 1, Lincoln County, Nevada**

21
22 Gerald W. Leonard
23 GERALD W. LEONARD, AFFIANT

24
25 Subscribed and Sworn to before me
26 this 8th day of February, 2006.

27 Wendy Rudder
28 Signature
Notary Public Commissioned for said County and State



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Donna Lee LEONARD		DATE OF DEATH (Month, Day, Year) 2. January 26, 2006	
CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		COUNTY OF DEATH 3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Sunrise Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Im. Inpatient (Specify) 3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 74	
STATE OF BIRTH (If not U.S.A., name country) 9a. Nebraska		UNDER 1 YEAR MOS : DAYS 7b. :	
CITIZEN OF WHAT COUNTRY 9b. USA		UNDER 1 DAY HOURS : MINS 7c. :	
Decedent's Education. Specify highest grade completed. 10. 12		DATE OF BIRTH (Mo., Day, Yr.) 8 Feb. 21, 1931	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married		SURVIVING SPOUSE (If wife, give maiden name) 12. Gerald W. Leonard	
SOCIAL SECURITY NUMBER 13. [REDACTED]		KIND OF BUSINESS OR INDUSTRY 14b. Own Home	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Homemaker			
RESIDENCE—STATE 15a. Nevada		CITY, TOWN, OR LOCATION 15c. Alamo	
COUNTY 15b. Lincoln		STREET AND NUMBER 15d. Theresa Lane	
FATHER—NAME First Middle Last 16. Guy Karr		MOTHER MAIDEN NAME First Middle Last 17. Mary Curan	
INFORMANT—NAME (Type or Print) 18a. Gerald W. Leonard		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P. O. Box 178, Alamo, Nevada 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Memory Gardens Crematory	
		LOCATION City or Town State 19c. Las Vegas Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		NAME AND ADDRESS OF FACILITY 20c. Bunkers Mortuary 925 N. Las Vegas Blvd., Las Vegas, Nevada 89101	
FUNERAL DIRECTOR LICENSE NUMBER 20b. 107			
To be completed by CERTIFYING PHYSICIAN 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> DATE SIGNED (Mo., Day, Yr.) <i>1/30/06</i> 21b. <i>1/30/06</i>		To be completed by Coroner's Office 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.) 22b. <i>1/30/06</i> 22c. <i>5:13 AM</i> 22d. ON	
HOUR OF DEATH 21c. 5:13 AM		PRONOUNCED DEAD (Mo., Day, Yr.) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Sean Steele MD, 3186 Maryland Las Vegas NV, 89109		LICENSE NUMBER 23b. 9883	
REGISTRAR 24a. <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. JAN 31 2006	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (b) Perforated Colon DUE TO, OR AS A CONSEQUENCE OF: (c) Respiratory Failure		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No		AUTOPSY (Specify Yes or No) 27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	
		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	

STATE REGISTRAR

No. 334537

"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 03 2006

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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