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A.P.N.: 004-132-14

G.W. Leonard PO Box 178

Alamo, NV 89001

State of Nevada

County of Lincoln

When Recorded, Mail To:

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FILE VIVIA RECORDING AT THE REQUEST OF

Gerald Leonard

LINCOLY COUNTY RESCRIBER
FEELS COT 2500 BEPORE
LESLIE BOUCHER

AFFIDAVIT OF DEATH OF JOINT TENANT

TO TERMINATE JOINT TENANCY

10 JERMINATE GOINT TELE INC

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

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

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

GERALD W. LEONARD, AFFIANT

Subscribed and Sworn ₁to before me

this And day of February 2006.

Signature
Notary Public Cominissioned for said County and State

WEN Notary P No iAy appt.

WENDY RUDDER
Notary Public State of Nevada
No. 93-3803-11

My appt. exp. June 15, 2009

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

	LOCAL FILE NUMBER								TE FILE NUM	MBER
TYPE OR PRINT	DECEASED—NAME First	Middle		Last		DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH	
IN FIMANENT LACK INK	Donna CITY, TOWN OR LOCATION OF DEA			LEONARD OTHER INSTITUTION—Name (If not either, give str			2. January 26, 2006 Pet and number) II Hosp. or Inst. indicate DOA, O Rm. Inpatient (Specify)			lark
	ъ. Las Vegas					eet and nomeg	Firm. Impatient (S			SEX
CEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify) Specify Mexican, Cuban, Puerte			Sunrise Hospital			3e. Inpatient UNDERTYEAR UNDERTDAY DAT			4. Female
	5.71 .* .	1 ' '	an, Puerto Rican,	etc.	1 4	ears) MOS	DAYS HOURS	MINS		
i	5. WILLE STATE OF BIRTH	6.	7.000 IS		7a. 74		7c.			1, 1931
DEATH Durred in	(Il not U.S.A., name country)	CITIZEN OF WHA	gra	redent's Education de completed.	n. Specify highest	MIDOMED,	IEVER MARRIED, DIVORCED	SURVIVIN	G SPOUSE (II	wite, give maiden nar
TATUTION HANDBOOK	_{9a.} Nebraska	, , , , , , , , , , , , , , , , , , , ,			10. 12			(Specify) Married 12.Ger		
GARDING LETION OF	SOCIAL SECURITY NUMBER	USUAL OCCUPA Working Life, Eve	AL OCCUPATION (Give Kind of Work Done During Most king Life, Even if Retired)			KIND OF BUSINESS OR INDUSTRY				
ENCE ITEMS	13.	14a.		naker		146.	Own Ho	me		
1.	RESIDENCE—STATE C	OUNTY	CITY	O. RO ,NWOT ,	CATION	Si	REET AND NUMBER			CITY LIMITS
> [15a. Nevada 15	b. Lincoln	15c.	A1amo	3	1.5	d Theresa	Iona	(Specify	Yes or No)
-	FATHER-NAME First	Middle		Lasi	MOTHER MAID		First	Middle	136.	Last
ENTS	16. Guy		К:	ırr	17.	1	d o ser			
	INFORMANT—NAME (Type or Print)			MAILING ADDI	1		Mary or R.F.D. No., City or	own State Zin)		uran
	18a. Gerald W. Leo	nard		ion D (Dog 17		no, Nevada		1	
_	BURIAL, CREMATION, REMOVAL, O		EMETERY OR C			o, Ala	LOCATION	City or To	76	State
<u> </u>	19a. Cremation		o		1 0	_	İ	Λ.	1	
SITION			96. Memo	ory Gard	lens Crem	atory		Las Veg	gas	Nevada
	FUNERAL DIRECTOR SIGNATURE (OF PERSON Acting & SUN) THE CONTRACTOR SUND PROPERTY COMPANY THE CONTRACTOR SUND PROPERTY CONTRACTOR SUND									
	= 21a. To the best of my knowled		06/07	20c. 92	25 N. Las					
	21a. To the best of my knowled due to the cause(s) stated	ige, death as miled at the	time, date and pr	Samo		22a. On the ba at the time	is of examination and/ , date and place and d	or investigation, i ue to the cause(n my opinion s) and manne	death occurred r stated.
	្តាូច៊ (Signature end Title) 🦰	Dar	100	10		(Signature and	Title)	The second name of the second	1 1	
1	DATE SIGNED (Mo., Day,	Pr.)	H OF DEATH	_	3 <u>9</u> 0 %	DATE SIGNED	(Mo., Day, Yr.)	HOUR OF	DEATH	
TIFIER	21b.	20/ 6 21c.	5:13			22b.	-	22c.		1
	NAME OF ATTENDING P	HYSICIAN IF OTHER THA	N CENTIFIER (T	ype or Print)	1 2 3	PRONOUNCE	DEAD (Mo., Day, Yr.)	PRONOUN	ICED DEAD (Hour)
						22d. ON	74	22e. AT	1	7
	NAME AND ADDRESS OF				CAL EXAMINER, O	CORONER).	Type or Print.)		LICENSE HY	MBER
Ĺ	234. Sean Sta	elemn. 318	76 mar	4/and	Las Ver	45 NV	04109		23b. 9	XX
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A A IS C	/ / /	$ \angle$ 'D α 0	' a	DATE		ISTRAR (Mo., E	Pay, Yr.) DEATH DUE		ABLE DISEA	SE .
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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

Ву

Date Issued:

FEB 0.3 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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