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

FILED FOR RECORDING
AT THE REQUEST OF

COTI J. PATMON

2005 FEB 27 PM 4 38

FEE 16 & DEP & LESLIE BOUCHER

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 21st day of January, 2005 to ohn P. Putman and Lori J. Putman, known as Grantees, as joint tenants with right of survivorship, and recorded as Instrument number 001-333-31 on the 28th 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:

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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.

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BOOK 213 PAGE 117.

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 Witness Whereof, I have hereunto set my hand this 23 day of ______ day of ______.

Lori J. Putman

STATE OF NEVADA)

) ss

COUNTY OF CLARK)

On this 2 day of 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

Page 2 of 2

CYNTHIA R. FOLLIS

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

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

		CERTIFICATE OF DEATH					
TYPE	DECEASED—MANE First	Middle	Middle		STATE FILE NUMBER DATE OF DEATH (Month, Day, Year) COUNTY OF DEATH		
OR PRINT IN PERMANENT	John	Paul	PUTMAN			COUNTY OF DEATH	
BLACK INK	CITY, TOWN OR LOCATION OF	· · · · —	HER INSTITUTION—Name (if not either,		r 21, 2005 If Hosp. or Inst. Indicate DO	3aClark	
COCDENS	3b. Las Vegas	I	eppermill Drive	g ou ooi and nambay	Rm. Inpatient (Specify)	A, OP/Emer. SEX	
ECEDENT	3b. Las Vegas RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)	can Was Decedent of Hispanic	Origin? Specify D yes D to If yes. AG	E-Last UNDER 1 Y	3e. EAR UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	
	5. White	6.	ueno Hican, etc.	hday (Years) MOS D/	AYS HOURS MINS	e. Jan 25, 1955	
IF DEATH Occurred in	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT CO				VIVING SPOUSE (If wife, give maiden name)	
INSTITUTION SEE HANDBOOK	9a. Oklahoma	96. U.S.A.	10. 14	(Specify) Mar	ried 12	Lori Hanson	
REBARDING COMPLETION OF	SOCIAL SECURITY NUMBER	WORKING LIFE, EVEN II H	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		
RESIDENCE ITEMS	13. RESIDENCE—STATE	THA. Engi			14b. Federal Government		
L>	15a. Nevada		CITY, TOWN, OR LOCATION	STREET	AND NUMBER	INSIDE CITY LIMITS	
_	FATHER—NAME First	15b. Clark Middle	15c. Las Vegas	15d. -MAIDEN NAME Fin	6409 Peppermill Dr		
ARENTS	16 John Dukasan Dukasan						
	INFORMANT—NAME (Type or Pri	11)	MAILING ADDRESS		D. No., City or Town, State,	Bennett	
	18a. Lori Putma	n - Wife	18b. 6409 Pe	ppermill Dr.			
	BURIAL, CREMATION, REMOVAL	, OTHER (Specify) CEME	TERY OR CREMATORY—NAME			or Town Stale	
SPOSITION	19a. Cremation	<u>/</u> 19b.	Palm Crematory		The state of the s	s, Nevada	
	FUNERAL DIRECTOR SIGNATU (Or Parson Acting as such	FUNE LICEN	AL DIRECTOR NAME AND ADDRESS	OF FACILITY PAID	Mortuary - Downtown	-, 1121943	
	z 21a, To the best of my Mov	20b,	1325 N.	Nain St., Las Yegas,	Nevada 89101		
	PE 70 10 1119 radios (s) 214		date and place and	22a. On the basis of e	xemination land/or investigation	en. M W opinion death occurred use(s) Mad manner stated	
	(Signature and Title) 기계 (Signature and Title) 기계 (Signature and Title)		DEATH	♥ 5 (Signature and Title)		JUCKA, MUT	
	EO 21b.	21c.	/_/	DATE SIGNED (Mo.,	1.	OF DEATH	
RTIFIER	NAME OF ATTENDING	PHYSICIAN IF OTHER THAN CE	ATIFIER (Type or Print)	8 pronounced Devices	(Mo Day Vr.) PRONG	Bef.: 8:45 P.M.	
				ام ا	/n=		
	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL EXAMIN	ER. OR CORONEED /Type of	r Print I	LICENSE NUMBER	
	REGISTRAR TARE M.	Ulson, MD, Me	d. Exam., 1704 Pin			азь. 9482	
ONDITIONS IF ANY IICH GAVE RISE TO IMEDIATE	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE						
	25. IMMEDIATE CAUSE VIEW	TER ONLY ONE CAUSE PER LIN	24b.]-[C 28 2005 /	24c. YES∏ NO	X	
CAUSE ATING THE DERLYING	PART (a) Carbon	monoxide poiso	ning		:	Interval between onset and death	
USE LAST	17.011	CONSEQUENCE OF:					
	(b)			, /		Interval between onset and death	
	QUE TO, OR AS A	GUNSEQUENCE OF:		\		Interval between onset and death	
USE OF	(c)			/ /	く ノート		
DEATH	PART OTHER SIGNIFICANT (CONDITIONS—Conditions contribu	ing to death but not resulting in the underl	ying cause given in Part 1. A	AUTOPSY (Specify)	WAS CASE REFERRED TO	
	ACC. PURCIOS LIQUIDADES			2		CORONER (Specify Yes or No) 27. Yes	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DET DESCRIBE HO	OW INJURY OCCURRED		103	
	28a. Accident		8c. 6:20 PM 28d Runn	ing gasoline	-powered gen	erator in a garage	
	(Specify Yes or No)	PLACE OF INJURY—Al home, tai building, etc. (Specify)	STREET WICH.	D. NO. CITY OR	TOWN STATE	
	No I	Reside	1Ce 28g. 0409	Peppermill	Dr., Las Veg	as, Nevada	
	/ /	OTATE	NEODER LE		No.	329907	
	/ /	DIMIE!	REGISTRAR	1			

"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:

DEC 3 0 2005

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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