FILED FOR RECORDING
AT THE REQUEST OF

FIRST AMPERICANTIFIC
2005 MAY 10 PM 1 07

LINCOLD COUNTY RECORDED
FEETTINGS
LESSIE BOURDED
LESSIE BOURDED

A.P.N.:

004-063-05

(My commission expires: 10-13-08)

File No:

0440-2266600 (MBW)

When Recorded return to, and mail Tax Statements to:

## **AFFIDAVIT - TERMINATING JOINT TENANCY**

Deanna Jenkins, of legal age, being first duly sworn, deposes and says:

- came senting, or legal age, being his	r duly sworn, deposes and says:
That lames lenking the decodent me	phionoid in the afficient 1900 to the course
Death is the same person as Inmen	ntioned in the attached certified copy of Certificate of
Scottly is the same person as James in	lenkins named as one of the parties in that certain
	Tudica ADITA
Beara Senkins and	2996_executed by to Deanna
Jenkins and James Jenkins as	joint tenants, recorded as Document No.
111350	on
Silv 31 1998	in Book
1312	
Records of Lincoln County, Nevada cov	ering the following described property situated in the
County of Lincoln, State of Nevada:	5 and thing department property Stateded in the
PARCEL 1 OF THAT CERTAIN PARCEL	MAP IN BOOK B, PAGE 142 RECORDED AUGUST
3. 1998 AS FILE NO. 111365 IN THE	OFFICE OF THE COUNTY RECORDER, LINCOLN
COUNTY, NEVADA.	STATES OF THE COUNTY RECORDER, LINCOLN
COUNTY NEVADA:	\ \ \
	\ \ \
\ \	
_ \ \ \	- the wind of Comme or Depte
	Deanna Jenkins Date
_ / /	Date / Date
STATE OF <b>NEVADA</b>	
16 11 1	iss.
COUNTY OF WASHOE	33.
COUNTY OF WASHINE	) your and
	FANNIE B. VENNETTILLI
	1 14 NOTATE Public State at No.
This instrument was acknowledged before	THE OIL ADPOINTMENT NO. 04022021
7/12/06 by 12 7V	My Appt. Expires Oct. 13, 2008
1.	2.2000
. / /	
Deanna lenkins .	

File No.: 0440-2266600

## **NOTARY INFORMATION**

2805 STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

12805 **CERTIFICATE OF DEATH** LOCAL FILE NUMBER
DECEASED—NAME First STATE FILE NUMBER
COUNTY OF DEATH DATE OF DEATH (Month, Day, Year) 2December 9, 2005 a. Clark 1. James CITY, TOWN OR LOCATION OF DEAT Jenkins
HOSPITAL OR OTHER INSTITUTION—NAM If Hosp, or Inst. Indicate DOA, OP/Emer Am. Inpatient (Specify) 36. Inpatient SEX ₃ Sunrise Hospital ₄Male 36. Las Vegas RACE—(e.g., White, Black Indian, etc.) (Spe DAYS HOURS MINS findian, ero 5. White STATE OF BIRITH (If not U.S.A., name 7a. 58 a. Nov. 3, 1947 CITIZEN OF WHAT COUN ARRIED, NEVER MARRIED, HODOWED, DIVORCED POSSIBLE MARRIED, Married 94. Oregon SOCIAL SECURITY NUMBER 9b. USA
USUAL OCCUPATION (Givs
Working Life, Even if Retired) ız DeAnna Shellard KIND OF BUSINESS OR INDUSTRY Miner Mining RESIDENCE-STATE CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes STREET AND NUMBER 1543 East 1st South 15a. Nevada Lincoln 15c.Alamo MOTHER -- MAIDEN NAME Las PARENTS 16. James INFORMANT—NAME (Type or Print) 17. Lola Mack Jenkins (Street or R.F.D. No., City or Town, State, Zip) 185 6 Airport Rd. NV Alamo, 190, Alamo, Nevada Alamo Cemetery DISPOSITIÓN NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home, 20c. P.O. Box 747 Caliente, Nevada 89008 15 22a. On the basis of examination and/or investigation, in my opinion death occurre at the time, date and place and due to the cause(s) and manner stelled. (Signature and Title) > Solution (Signature and Title) > Solution (Signature and Title) (Signature and Title) 12-05 NDING PHYSICIA 22b. PRONOUNCED DEAD (Ma., Day, Yr.) 21c. 10:34 22c, CERTIFIER PRONOUNCED DEAD (Hour) William Katschke Jr. M.D.

Caliente. NV 89008

Oate Received by Registrar (Mc., Day, Yr.) NAME AND ADDRESS OF CENTRAL Dr. Richard Wi 23a P.O.Box 1010. 23bNV10509 DEATH DUE TO COMMUN CABLE DISEA INE FOR (a), (b), AND (c).) DEC 21 2005 **МО[X]** 25. IMMEDIATE CAL Days interval bet Days Weeks Leukemia WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. NO AUTOPS DEATH 26. NO DESCRIBE HOW INJURY OCCURRED

STATE REGISTRAR

No. 270167 ·

CITY OR TOWN

"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:

DEC 29 2005

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

Tax ID# 88-0151573

BOOK 216 PAGE 374