FILED FOR RECORDING AT THE REQUEST OF

A.P.N.:

003-185-04

File No:

152-2284084 (MJ)

When Recorded return to, and mail Tax Statements to:

Vivian McDonald HC 34 Box 24

Caliente, NV 89008

First American Title 2008 SEP 12 PM 1 25

LINCOLH COUNTY REDURDER

FEE 1500 LESLIE BOUCHER

AFFIDAVIT - TERMINATING JOINT TENANCY

Vivian Havens McDonald, of legal age, being first duly sworn, deposes and says:

That **John Alonza Havens**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **John Havens** named as one of the parties in that certain **Joint Tenancy Deed** dated **December 12, 1986** executed by **Arthur R. Carrie and Marjorie G. Carrie** to **John Havens and Vivians Havens** as joint tenants, recorded as Document No. **85986** on **December 12, 1986** in Book **73, page 139** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada**:

LOTS 43 AND 44 AS SHOWN ON THE FALKNER PLAT OF LOTS ADJOINING TOWNSITE OF CALIENTE, DATED OCTOBER 27, 1911, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

Vivian Havens McDonald

Date

anald 9-7-06

STATE OF

Nevada

COUNTY OF

Lincoln ;ss.

This instrument was acknowledged before me on

<u>Sept 7, 2006</u> by

Vivian Havens McDonald //

sam Deever

Notary Public

(My commission expires: Och U 2008

C. S. C. S.

TERESA M. SEEVERS
NOTARY HIELD STATE OF NEVADA
Lincoln County • Nevada

CERTIFICATE # 04-92091-11 APPT EXP. OCT. 8, 2009

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

TYPE /	LOCAL FILE NUMBER DECEASEDNAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
OR PRINT IN	t. John	Alonza	HAVENS	2.December 25, 200	
PERMANENT BLACK INK	CITY, TOWN OR LOCATION OF EVEAT		NSTITUTION—Name (If not either, gir		
DECEDENT	3b. Las Vegas	l l	e Hospital	3e.Emer. Km	. 4 Male
<u> </u>	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin specify Mexican, Cuban, Puerto f	•	-Last UNDER I YEAR UNDER 1 DAY ay (Years) MOS DAYS HOURS MINS	
	5. White	6. CITIZEN OF WHAT COUN-	7a. Decedent's Education. Specify high	75 7b. 7c. : hest MARRIED, NEVER MARRIED, SU WIDOWED, DIVORCED	BJune 20,1927
IF DEATH OCCURRED IN INSTITUTION	(W not U.S.A., name country) sa. California	9b. U.S.A.	grade completed.	WIDOWED, DIVORCED	Vivian McCarter
SEE HANDBOOK REGARDING	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Working Life, Even if Retired)	Kind of Work Done During Most of	KIND OF BUSINESS OF INDUSTRY	,
COMPLETION OF RESIDENCE ITEMS	13.	148,	Truck Driver	146. Transportati	on
-		UNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER MM1	(Specify Yes or No)
	15a. Nevada 15b	Clark Middle	Last MOTHER-A		15e. Yes
PARENTS	16. Коу	Hay	vens 17.	Dorothy	Wells
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, Sie	
	18a Pamela Tayl			orings St. Caliente	
	BURIAL, CREMATION, REMOVAL, OT	v	on chematory name alley Memoria	1 11-4-0	y or Town State rson, Nevada
DISPOSITION	19a. Cremation	/ 100/	-	1 19c. Hender	N
	(Or Person Acting as Such) 20a.	LICENSE NI		. Vegas Dr. Las Veg	
	> Jan Jane	e, death occurred at the time; date a	and place and	22a. On the basis of examination and/or investigation and the time, date and place and due to the	pation, in my opinion death occurred
	କୁଡ଼ି (Signature and Title)	- June	ile	ວ່ຽ (Signature and Title)	\
	BE DATE SIGNED (Mo., Day, Vr.) HOUR OF DEATH		E E		\
CERTIFIER	SZ 21b. 12 27 02 21c. 0155			8 22b. 22c 22c 22c	DNOUNCED DEAD (Hour)
				and ON 300	
	NAME AND ADDRESS OF	CERTIFIER (PHYSICIAN, ATTENDI	NG PHYSICIAN, MEDICAL EXAMINE	FI, OR CORONER). (Type or PriM) yr 8910	G LICENSE NUMBER
Ĺ	200.	ıl Fischer,M.		land Pkwy,Las'Vega	1 / /
CONDITIONS IF ANY	REGISTRAR	1000	DATE RECEIVED BY	REGISTRAR (No. Day, VI.) DEATH DUE TO COM	MUNICABLE DISEASE
IF ANY WHICH GAVE RISE TO IMMEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE VENTER	ONLY ONE CAUSE PER LINE F	Little """	24c. YES N	Interval between onset and death
CAUSE STATING THE UNDERLYING	l PART (a)	,	2010 PULMONI	MRY HRACEST	
CAUSE LAST	DUE TO, OR AS A COL		10.0		Interval between onset and death
	(b)	uggotting of	MKN	i varoi	
	DUE TO, OR AS A CO	NSEQUENCE OF:			Interval between onset and death
CAUSE OF	(c) PART OTHER SIGNIFICANT COM	IDITIONS—Conditions contributing to	o death but not resulting in the underly		WAS CASE REFERRED TO
DEATH	Т.			NO Yes or No	27. Yes (M. A)
	OR PENDING INVEST	TE OF INJURY (Mo., Day, Yr.) HOUR	OF INJURY DESCRIBE HO	W INJURY OCCURRED	8
	(Specify) 28a.		M 28d.	OVERT OF BEAUTI	OR TOWN
	INJURY AT WORK (Specify Yes or No) 28e.	ACE OF INJURY—At home, farm, s building, etc. (Special)	treet, factory, office LCCATION.	STREET OR R.F.D. No. CITY	OR TOWN STATE
		1	209	A1	226602

STATE REGISTRAR

2003-09464 10-31-2003 Pase 2 of 2

"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 RAISED SEAL OF THE CLARK HEALTH COUNTY DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics



Date Issued: **DEC**| 3.0 2002



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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