

APN: 003-087-02

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02/05/2007 02:54 PM

Official Record

Recording requested By
OSHINS & ASSOCIATES, LLC

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LB

Book- 228 Page- 0452



0128338

AFFIDAVIT TERMINATING JOINT TENANCY

NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
) :ss
COUNTY OF CLARK)

JANET K. WILLIS, being first duly sworn, deposes and states:

- I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
- This affidavit relates to the deed dated November 3, 2003, and recorded on December 5, 2003, as Instrument No. 121432, in Book 180, Page 464, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada. The property described in that deed is more particularly described as follows:

Lots 9 and 10, Block 33, in the city of Caliente, as said lots and blocks are delineated on the official plat of said city now on file in the office of the County Recorder of Lincoln County, Nevada.

- JOSEPH H. WILLIS, JR. ("the decedent") was one of the Grantees and named in said Deed and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- The decedent was my spouse.
- This affidavit is made for the purpose of terminating the joint tenancy between Affiant and the aforementioned decedent in the within described property, said title now vesting solely in JANET K. WILLIS, as her sole and separate property.

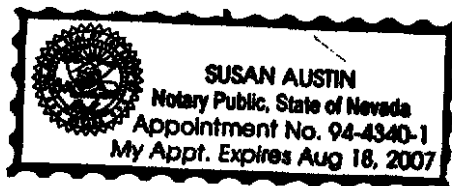
Dated this 12th day of July, 2006.

Janet K. Willis
JANET K. WILLIS

SUBSCRIBED AND SWORN to before me

this 12th day of July, 2006.

Susan Austin
NOTARY PUBLIC





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Recording Requested By:

Melissa L. Beuchat, Esq.
10300 W. Charleston Blvd., Suite 13250
Las Vegas, NV 89135

**When Recorded, Mail Affidavit and
Tax Notices To:**

Janet K. Willis
5820 Morro Bay Avenue
Las Vegas, NV 89108

COPY



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DEPARTMENT OF HUMAN RESOURCES
- SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Joseph Howard WILLIS, Jr.		2. January 25, 2006	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OPI/Emer. Rm. Inpatient (Specify)	
3c. Sunrise Hospital and Medical Center		3e. Emergency Room	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6. <input type="checkbox"/>		7a. 52	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 YEAR MOS : DAYS	
9a. Colorado		7b. : :	
CITIZEN OF WHAT COUNTRY		UNDER 1 DAY HOURS : MINS	
9b. U.S.A.		7c. : :	
Decedent's Education. Specify highest grade completed.		DATE OF BIRTH (Mo., Day, Yr.)	
10. 12		8. May 26, 1953	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
11. Married		12. Janet K. Wright	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [Redacted]		14a. Concrete Foreman	
KIND OF BUSINESS OR INDUSTRY		14b. Construction	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Las Vegas	
COUNTY		STREET AND NUMBER	
15b. Clark		15d. 5820 Morro Bay	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Joseph H. Willis, Sr.		17. Tressa P. Dye	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Janet K. Willis - Wife		18b. 5820 Morro Bay Ave., Las Vegas, Nevada 89108	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Palm Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Las Vegas, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 50		20c. Palm Mortuary - Cheyenne	
20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129		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.	
21a. <i>[Signature]</i>		22b. DATE SIGNED (Mo., Day, Yr.)	
21b. 1/27/2006		22c. HOUR OF DEATH	
21c. 11:06 AM		22d. ON	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. AT	
21d. Pauline Miller		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Pauline Miller MD 4500 Meadows Ln Las Vegas Nevada 89107		23b. [Redacted]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. JAN 30 2006	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) respiratory arrest		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
(b) Cerebral hemorrhage		Interval between onset and death	
(c) melanoma		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
27. Yes BW		ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)	
28a. [Redacted]		DATE OF INJURY (Mo., Day, Yr.)	
28b. [Redacted]		28c. HOUR OF INJURY	
28c. [Redacted]		28d. DESCRIBE HOW INJURY OCCURRED	
28d. [Redacted]		28e. INJURY AT WORK (Specify Yes or No)	
28e. [Redacted]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28f. [Redacted]		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28g. [Redacted]		28g. [Redacted]	

STATE REGISTRAR

No. 333796

"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:

JAN 30 2006

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573