

Official Record

Recording requested By
MAUREEN ANN SLOCUM

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$44.00

Page 1 of 6

RPTT:

Recorded By: LB

Book- 229 Page- 0489

A.P.N. 006-041-05

WHEN RECORDED RETURN TO:

Maureen Ann Slocum
450 Concord Way
Henderson, NV 89015



AFFIDAVIT - DEATH OF JOINT TENANT

Maureen Ann Slocum, of legal age, being first duly sworn, deposes and says: That Richard Thomas McHugh and Eileen McHugh, the decedents mentioned in the attached certified copy of Certificates of Death are the same persons as Richard Thomas McHugh and Mary Eileen McHugh named as one of the parties in that certain Joint Tenancy Deed dated June 3, 1983 executed by Richard Thomas McHugh and Eileen McHugh, Maureen Ann Slocum to Richard Thomas McHugh and Eileen McHugh, Husband and Wife, Maureen Ann Slocum a married woman and Kenneth A. McHugh a single man as Joint Tenants, recorded as Instrument No. 87105, on June 15, 1987 in Book 75, Page 516, of Official Records of Lincoln County, Nevada covering the following described property situated in Lincoln County, State of Nevada:

See Attached Exhibit "A"

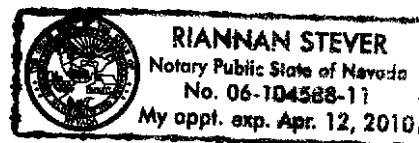
Date: March 16, 2007

Maureen Ann Slocum
Maureen Ann Slocum

STATE OF NEVADA)
) ss
COUNTY OF LINCOLN)

On this 16th day of March, 2007, personally appeared before me, a Notary Public, Maureen Ann Slocum, known to me to be the person who executed the within document and acknowledged to me that he executed same freely, voluntarily and for the uses and purposes therein described.

Riannan Stever
Notary Public



**LEGAL DESCRIPTION****EXHIBIT "A"**

All of the West one-half ($W \frac{1}{2}$) of U.S. Government Lot No. 3 in Section 2 T 4N., R.67E, M.D.B. & M., Saving and Excepting therefrom the following: a parcel of land situated in the Northeast corner of said $W \frac{1}{2}$ of Lot 3, described as: Beginning at a point 330 feet East of the Northwest corner of said Lot 3 and running thence East 330 feet to the Northeast corner of said $W \frac{1}{2}$ of Lot 3 thence running at right angles South 300 feet, thence running West 330 feet, thence North 300 feet to north boundary of said Lot 3, and place of beginning.

Assessor's Parcel # 2006 -- 2007: 006-041-05



**LEGAL DESCRIPTION
EXHIBIT "A"**

That parcel of land representing a easterly portion of the East one half (E ½) of Government lot four (4) as shown on attached exhibit. Said easterly portion shall contain approximately fifty-one thousand eight hundred thirty-six and four tenths (51,836.4) square feet or approximately one and nineteen hundredths (1.19) acres. It is the intent of this document to convey said easterly portion while leaving the most westerly ten (10) acres contained within the east one half (E ½) of government lot four (4) in section (2) township 4 North, Range 67 East, M.D.B. & M. Lincoln County, Nevada.

Assessor's Parcel # 2006 - 2007: 006-041-57



0128545

Book: 229
Page: 49303/16/2007
Page: 5 of 6DEPARTMENT OF HUMAN RESOURCES
HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Richard Thomas Mc HUGH			2. October 25, 1991		
	CITY, TOWN, OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Boulder City			3c. Boulder City Hospital		
	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)			If Hosp. or Inst. indicate DOA, OP/Emer. Pm. Inpatient (Specify)		
PARENTS	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. John Mc Hugh			17. Mary Dov		
DISPOSITION	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Eileen Mc Hugh -Wife			18b. 643 California Street, Boulder City, Nevada 89005		
CERTIFIER	BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—NAME		
	19a. Cremation			19b. Palm Crematory		
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)			FUNERAL DIRECTOR LICENSE NUMBER		
	20a. [Signature]			20b. 19		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.			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.		
	21b. 10/28/91			21c. 1:02 P.M.		
CAUSE OF DEATH	23a. Gary Pearson D.O. 1212 Wyoming, Boulder City, Nevada 89005			23b. 490		
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
CAUSE OF DEATH	24a. [Signature]			24c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			Interval between onset and death		
CAUSE OF DEATH	PART I (a) Cardiac Arrest			Interval between onset and death		
	(b) Gastro Intestinal Bleed			Interval between onset and death		
CAUSE OF 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. No		
CAUSE OF DEATH	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)			DATE OF INJURY (Mo., Day, Yr.)		
	28a.			28b.		
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)			PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
	28e.			28f.		

STATE REGISTRAR

No. 031717

"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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By:

Date Issued:

OCT 29 1991

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223



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. Mary Eileen MCHUGH		2. April 22, 1993	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Henderson		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 320 Clover Glen Court		3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 76	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6. No		7b. :	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 DAY HOURS : MINS	
9a. Illinois		7c. :	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8. November 20 1916	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 14		11. Widowed	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		12. [REDACTED]	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Homemaker		14b. Own Home	
RESIDENCE—STATE		STREET AND NUMBER	
15a. Nevada		15d. 320 Clover Glen Court	
COUNTY		INSIDE CITY LIMITS (Specify Yes or No)	
15b. Clark		15e. Yes	
CITY, TOWN, OR LOCATION		FATHER—NAME First Middle Last	
15c. Henderson		16. Cassius Scranton	
MOTHER—MAIDEN NAME First Middle Last		17. Nell Ducey	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ken A. McHugh -Son		18b. 320 Clover Glen Court Henderson Nevada 89015	
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. [Signature]		19c. Las Vegas Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 19		20c. Palm Mortuary 800 So. Boulder Hwy. Henderson, NV	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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. (Signature and Title)	
21b. April 23, 1993		22b. [Signature]	
21c. Before 8:30 A.M.		22c. [Signature]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON	
21d. Donald P. Wingard D.O.		22d. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. Donald Wingard D.O. 6301 Mt. Vista Rd., Ste. 100 Henderson, Nevada 89014		23b. 511	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) [Signature]		24b. APR 26 1993	
25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		DEATH DUE TO COMMUNICABLE DISEASE	
PART I (a) CARDIOPULMONARY ARREST		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) METASTATIC LUNG CARCINOMA		: 10 MINUTES	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		: 3 YEARS	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
PART II		AUTOPSY (Specify Yes or No)	
26. No		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
27. Yes		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION.		STREET OR R.F.D. No.	
28g. [REDACTED]		CITY OR TOWN	
28g. [REDACTED]		STATE	

No. 043824

STATE REGISTRAR

"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

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: [Signature]

Date Issued: APR 27 1993

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127 702-383-1223