

Official Record

Recording requested By
JEFFREY BURR

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

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RPTT:

Recorded By: AE

Book- 232 Page- 0279



0129056

APN: 4-121-04

When Recorded Mail to:

David M. Grant, Esquire
JEFFREY BURR
2600 Paseo Verde Parkway, Suite 200
Henderson, NV 89074

Mail Tax Statements to:

Janice M. Sproul
PO Box 511
ALAMO, NV89001

AFFIDAVIT OF DEATH

STATE OF NEVADA)
: ss
COUNTY OF CLARK)

JANICE M. SPROUL, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant is the grantee in that certain deed recorded July 28, 2000, in Book 149, Page 452, Instrument No. 114912, of Official Records in the Office of the County Recorder of Lincoln County, Nevada.

That ANDREW V. SPROUL, the grantor in said deed, was the identical person named as ANDREW V. SPROUL, the Decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.



0129056

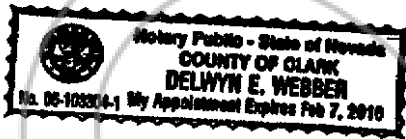
The real property is located at 44 Danielle Ct, Alamo, Nevada, further described on Exhibit "A" attached hereto and incorporated herein by reference.

Janice M. Sproul

JANICE M. SPROUL

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

On this 29 day of March, 2007, personally appeared before me the undersigned, a Notary Public in and for the said Clark County, State of Nevada, JANICE M. SPROUL, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.



[Signature]

Notary Public

EXHIBIT "A"
LEGAL DESCRIPTION

Lot 44 of Alamo South Subdivision, Tract No. 1, Unit No. 2, according to the official map thereof, filed in the office of the county Recorder of Lincoln County on January 13, 1977, in Book A-1 of Plats, Page 126, assigned No. 59021.

EXCEPTING THEREFROM all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in said tract as reserved in Patent recorded April 9, 1927, in Book C-1 of Deeds, Page 296, as Document No. 3965, Lincoln County, Nevada records.

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.

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STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH
	1. Andrew V. SPROUL		2. July 21, 2004		3a. Clark
	CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
DECEDENT	3b. Las Vegas		3c. Valley Hospital		3e. Inpatient
	4. Male		DATE OF BIRTH (Mo., Day, Yr.)		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. White		6. <input type="checkbox"/> No If Yes, specify Mexican, Cuban, Puerto Rican, etc.		7a. 67
	7b. 67		7c. 67		8. May 11, 1937
	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.
PARENTS	9a. Utah		9b. U. S. A.		10. 12
	11. Married		12. Janice M. Tucker		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY
DISPOSITION	13. [REDACTED]		14a. Operating Engineer / Retired		14b. Construction
	RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
	15a. Nevada	15b. Lincoln	15c. Alamo	15d. 44 Danielle Ct.	15e. Yes
CERTIFIER	FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		
	16. Ardell Sproul		17. Laura P. Hullinger		
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
CAUSE OF DEATH	18a. Janice M. Sproul - Wife		18b. P.O. Box 511, Alamo, Nevada 89001		
	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State
	19a. Burial		19b. Palm Memorial Park-Northwest		19c. Las Vegas, Nevada
CAUSE OF DEATH	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY
	20a. [Signature]		20b. 50		20c. Palm Mortuary - Cheyenne
	20c. 7400 W. Cheyenne Rd., Las Vegas, Nevada 89129		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.
CAUSE OF DEATH	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
	21b. 7/23/04		21c. 6:18 PM		22b. [REDACTED]
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
CAUSE OF DEATH	21d. [REDACTED]		22d. ON		22e. AT
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER		
	23a. Thang Tom Tran MD 2810 W. Charleston Las Vegas Nevada 89102		23b. 10531		
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE
	24a. [Signature]		24b. JUL 23 2004		24c. YES <input type="checkbox"/> NO <input checked="" 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) aspiratic pneumonia		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(b) acute myocardial infarction		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death
	(c) sepsis		DUE TO, OR AS A CONSEQUENCE OF:		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)
	26. No		27. No		
	ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a. [REDACTED]		28b. [REDACTED]	28c. [REDACTED]	28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION.	STREET OR R.F.D. No.	
28e. [REDACTED]		28f. [REDACTED]	28g. [REDACTED]	CITY OR TOWN STATE	

STATE REGISTRAR

No. 268558

"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 *Sh*

Date Issued: **JUL 27 2004**

CLARK COUNTY HEALTH DISTRICT

625 Shadow Lane P.O. Box 3902

Las Vegas, Nevada 89127

702-383-1223

Tax ID# 88-0151573