

Official RecordRecording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

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RPTT:

Recorded By: AE

Book- 237 Page- 0292

A.P.N.: 003-033-03
File No: 152-2338928 (MJ)

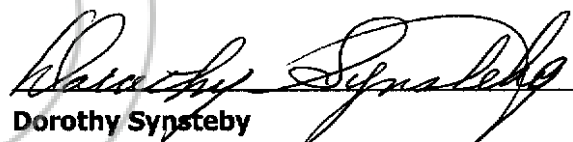
0130369

When Recorded return to, and mail Tax Statements to:
Dorothy Synstebly
P.O. Box 181
Caliente, NV 89008**AFFIDAVIT - TERMINATING JOINT TENANCY****Dorothy Synstebly**, of legal age, being first duly sworn, deposes and says:

That **Ardo Lemonte Synstebly**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Ardo Synstebly** named as one of the parties in that certain **Joint Tenancy Deed** dated **July 22, 1999** executed by **Laverne Moffitt to Ardo Synstebly and Dorothy Synstebly, husband and wife** as joint tenants, recorded as Document No. **113234** on **August 17, 1999** in Book **143, page 359** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

THAT PORTION OF LOT 1, BLOCK 47, NORTH SIDE ADDITION TO THE TOWN OF CALIENTE, AS SHOWN UPON MAP IN THE RECORDER'S OFFICE, LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID LOT 1; THENCE WEST 100 FEET ALONG THE SOUTH SIDE OF RYAN STREET; THENCE AT RIGHT ANGLES SOUTH 82.71 FEET; THENCE EAST 100 FEET TO THE WEST LINE OF ALICE STREET; THENCE NORTH ALONG THE WEST LINE OF ALICE STREET 82.71 FEET TO THE POINT OF BEGINNING.


Dorothy Synstebly



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STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

Main form containing fields for DECEASED-NAME, DATE OF DEATH, COUNTY OF DEATH, RACE, AGE, SEX, MARRIED, SOCIAL SECURITY NUMBER, USUAL OCCUPATION, RESIDENCE, FATHER, MOTHER, BIRTH, DEATH, and CAUSE OF DEATH.

STATE REGISTRAR

No. 357980

128877

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

SEP - 5 2006

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

