A.P.N.: 010-123-02

WHEN RECORDED MAIL TO:

BINGHAM & SNOW, LLP 840 Pinnacle Court, Suite 202 Mesquite, Nevada 89027

MAIL TAX STATEMENT TO:

Larry L. Hathhorn 1182 Pebble Beach Mesquite, Nevada 89027 **#** 0130640

Recording requested By BINGHAM & SNOW, LLP

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$15.00 RPTT:

Page 1 of 2 Recorded By: AE Book- 238 Page- 0004

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)ss: COUNTY OF CLARK

Larry L. Hathhorn, being first duly sworn upon oath, deposes and states:

- That he is a citizen of the United States, over the age of 21 years, and a resident of the State of Nevada, and competent to assert the matters set forth herein.
- That he is the surviving spouse of Hazel Elizabeth Hathhorn, who passed away on the 13th day of August, 1991, and whose death is evidenced by the attached certified copy of Certificate of Death.
- 3. That Hazel Elizabeth Hathhorn, whose death is evidenced by the above-described Certificate of Death, is the one and same person as that certain Hazel E. Hathhorn, one of the grantees in that certain deed recorded on December 1, 1975, as Instrument No. 57500, in Book 16, of Official Records, Page 14, Lincoln County, Nevada in connection with the following described real property located in Lincoln County, State of Nevada and more particularly described as follows:

LOT 15, BLOCK 6 IN LINCOLN ESTATES SUBDIVISION UNIT 1, A PORTION OF THE SOUTH 1/2 OF SECTION 30, TOWNSHIP 3 SOUTH, R55E, MOUNT DIABLO MERIDIAN, LINCOLN COUNTY, NEVADA. SUBDIVISION MAP OF RECORD NO. 49097.

Dated: November 27, 2007.

SUBSCRIBED AND SWORN TO before me

this day of November, 2007.

Notary Public in and for said County and State

NOTARY PUBLIC STATE OF NEVADA County of Clark KRISTINE FOWLES pointment Expires Oct. 15, 2011

athland

003959

Page: 2of2

ge 2 of 2 . — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS								
	CERTIFICATE OF DE	EATH						
Midde izabeth	HATHHORN	DATE OF DEATH (Month, Day, Ye August 13, 1						

."	1001	ı		•	STATE FILE NUMBER	
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Midde	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH Clark	
ON PRINT	Hazel	Elizabeth	HATHHORN	DATE OF DEATH (Month, Day, Year) August 13, 1991	Clark	
PERMANENT BLACK BOK	1. CITY, TOWN, OR LOCATION OF DEAT	TWOCOTAL OR OTHER	NSTITUTION—Name (# not either, give sin	eet and number) It Hosp, or Inst. indice		
1	3b. Indian Springs		•	Rm. Inpatient (Specify		
(1,715)			aleigh Lane	30.	["	
	Jordan etc. / Spanity and Allen College College College College and Sighter (Vester) 1400 a DAVO MAINS					
	=-	6.	74. 60	7b. 7c.	March 20, 1931	
FIGAH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify higher grade completed	I WIDOWED, DIVORCED	SURWING SPOUSE (# wife, give making name)	
COMPANY N	1daho	w. U.S.A.	12	(Specify) Married	12 Larry Hathhorn	
NE HARREN	BOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give	Kind of Work Done During Most of	KIND OF BUSINESS OR INDUSTRY		
COMPLETATO OF PERSONNE PROM	13.	14a.	'Homemaker	14b. Home		
4	RESIDENCE-STATE COU		CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS	
-> {	15a Nevada 15b	Clark	15c. Indian Springs	154350 Raleigh	(Specify Yes or No)	
	FATHERNAME First	Middle	Last MOTHER MAID		Middle Last	
(Eastern St.	16. Tenmy		Sordon 17.	Mabel (Sinclair	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street of R.F.D. No., City of Town,	State, Zip)	
	Larry Hat	hham	350 Raleigh I		s. Nevada 89018	
_	BURNAL, CREMATION, REMOVAL, OTH		OR CREMATORY—NAME	LOCATION	City or Town State	
ſ	Commetion		Desert Crematory		s Vegas Nevada	
100 000	1986 - F	190.	MRECTOR I NAME AND ADDRESS OF F	7-4.		
	FUNERAL DIRECTOR—SIGNATURE (Or Parabolishing as Such)	LICENSEN	UMBER	Descrit.	Memorial	
	200. > Wayle 15-	GULHAMIT "		egas Blvd. N. #6 La	s Vegas, Nv. 89101	
(21s. To the best of my knowledge due to the cause(s) Island	deuth opported it for the date	and place and	22a. On the basis of examination and/or inv at the time, date and place and due to	ssigntion, in my opinion death occurred the cause(s) and manner idead.	
l l	TO (Signature and Title)		may 3	Signature and Title)	4 1	
- 1	DATE SIGNED Mo., Day, Y	HOUR OF DEA	// 15-	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
CEET EE	8¥ 21b. //3/4	21c. 0	1 - 5		12c .	
	(Signature and this) DATE SIGNED Mo., Day, Y, HOUR OF DEATH) SEE 21b. NAME OF AT ENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21c. SEE 25 PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)					
	410.			22d. ON	22e. AT	
İ	NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, ATTEND	ING PHYSICIAN, MEDICAL EXAMINER, O	R CORONER). (Type or Print.)	LICENSE NUMBER	
Ļ	→ Joseph Quae → Language gliana M.D. 338	30 S. Eastern Las V	/eqas, Nevada	236. 288		
CONDITIONS IF ANY	REGISTRAR	12 · V. 1	DATE RECEIVED BY REGA	STRAR (Ma., Day, Yr.) DEATH DUE TO C	OMMUNICABLE DISEASE	
IF ANY WHICH GAVE RISE TO	WY [(A) A A A A A A A A A A A A A A A A A A					
MARTHATE /	25. HAMEDIATE CAUSE	MAYORE CAUSE PHY LINE FOR	J. OF AND (C).)		Interval between onset and death	
CAUSE STATING THE	The Makeloly (all lake and of land					
CAUSE LAST	DUE TO, OR AS A CONS	EQUENCE OF:	200 3000 40 - 37	1200-14	Interval between onest and death	
	1			/ //	:	
<u> </u>	DUE TO, OR AS A CONS	EQUENCE OF:	——————————————————————————————————————	_///	Interval between onset and death	
	\ 		_	,		
(C) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not musting in the underlying cause given in Part I. AUTOPSY (Specify WAS CASE REFERRED TO						
- C	PART II			26 No Year or	NO) CONUNER (Specify 188 of No)	
	ACC., SUICIDE, HOM., UNDET., DATE OR PENDING INVEST.	OF INJURY AID, OR W. I HOUR	OF INJURY DESCRIBE HOW INJ		27. Yes	
Į	OR PENDING INVEST. (Specify) 28a 28b	/		- Joodina	•	
1		28c. E OF HUURYAlbama, form, sine	M 28d.	STREET ON R.F.D. No. CO	Y OR TOWN STATE	
ĺ		E OF INJURY—At home, ferm, also building, etc. (Speci	76.	ameer on new No. Cl	II ON IVER SIAIE	
	28a. 23f.		280			

STATE REGISTRAR

No.027189

"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

Registrar of Vital Stat

Date Issued:

NOV 16 1998

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