

Official Record

Recording requested By
LAW FIRM OF RONALD P. HUBEL, ESQ

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 238 Page- 0446

When Recorded Send Tax Statements and
Return to:
William F. Gronfeldt, Trustee
665 Del Prado Dr.
Boulder City, NV 89005

APN: 001-192-17
001-192-18
001-192-19
001-192-20



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

SUSAN K. KOHLMAN and JOHN C. GRONFELDT, being first duly sworn, deposes and says:

1. That Affiants are over the age of eighteen (18) years and are competent to be witnesses as to the matters hereinafter stated.

2. That Affiants are the adult daughter and adult son, respectively, of WILLIAM F. GRONFELDT, the person named as joint tenant, one of the grantees in that certain deed recorded August 14, 1984, as Instrument No. 80619 in Book No. 61, Page 113, of Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.

3. That Affiants' Mother, Shirley Gronfeldt was one of the grantees named in said deed as joint tenant and was the identical person named as Shirley M. Gronfeldt, the decedent, in that certain Death Certificate, a copy of the certified copy of which is annexed hereto and made a part hereof.

4. That Affiants' Father, WILLIAM F. GRONFELDT, has been deemed mentally incapacitated and incapable of managing his assets by two (2) licensed physicians. Copies of these two (2) licensed physicians' letters, dated November 13, 2007 and December 6, 2007, respectively, are annexed hereto and made a part hereof. As a result of WILLIAM F. GRONFELDT being deemed mentally incapacitated and incapable of managing his assets and pursuant to WILLIAM F. GRONFELDT'S Springing Durable General power of Attorney for Asset Management, dated June 1, 2007, a copy of which is annexed hereto and made a part hereof, Affiants SUSAN K. KOHLMAN and JOHN C. GRONFELDT have been appointed co-attorneys-in-fact for asset management of WILLIAM F. GRONFELDT.

5. That Affiants, in accordance with WILLIAM F. GRONFELDT'S Springing Durable General Power of Attorney for Asset Management dated June 1, 2007, do hereby execute this Affidavit Terminating Joint Tenancy under power of attorney, as co-attorneys-in-fact, and pursuant



to the powers granted Affiants in WILLIAM F. GRONFELDT'S Springing Durable General Power of Attorney for Asset Management dated June 1, 2007.

Susan K. Kohlman, POA
SUSAN K. KOHLMAN, P.O.A.

J C, POA
JOHN C. GRONFELDT, P.O.A.

Subscribed and Sworn to before me
this 4th day of January, 2008.



Ronald P. Hubel
Notary Public in and for said County
and State



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

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last Shirley Mae GRONFELDT		2. DATE OF DEATH (Month, Day, Year) July 31, 2007	
3b. CITY, TOWN OR LOCATION OF DEATH Boulder City		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Mountainview Care Center	
3d. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		3e. SEX Female	
5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) 73	
7a. UNDER 1 YEAR MOS : DAYS		7b. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) March 10, 1934			
9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY USA	
10. Decedent's Education. Specify highest grade completed. 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
12. SURVIVING SPOUSE (If wife, give maiden name) William Gronfeldt			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary	
14b. KIND OF BUSINESS OR INDUSTRY Business			
15a. RESIDENCE—STATE Nevada		15b. COUNTY Clark	
15c. CITY, TOWN, OR LOCATION Boulder City		15d. STREET AND NUMBER 665 Del Prado	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER—NAME First Middle Last Edward Miller		17. MOTHER—MAIDEN NAME First Middle Last Pearl	
18a. INFORMANT—NAME (Type or Print) Susan Kohlman		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 50341, Henderson, NV 89016	
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—NAME Boulder City Cemetery	
19c. LOCATION City or Town State Boulder City Nevada			
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 614	
20c. NAME AND ADDRESS OF FACILITY Boulder City Family Mortuary 833 Nevada Way, Boulder City, NV 89006			
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) <i>[Signature]</i>		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) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) 8/1/07		21c. HOUR OF DEATH 2055	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
		22e. PRONOUNCED DEAD (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) Craig Jorgenson MD, 10870 S Eastern, Henderson, NV 89052		23b. LICENSE NUMBER 9529	
24a. REGISTRAR <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 01 2007	
24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Congestive Heart Failure		Interval between onset and death marks	
(b) 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 1.		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO			
28a. ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo., Day, Yr.)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28g. LOCATION		28h. STREET OR R.F.D. No.	
		28i. CITY OR TOWN	
		28j. STATE	

STATE REGISTRAR

No. 357787

"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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By *[Signature]*

Date Issued: AUG 01 2007