

Official Record

Recording requested By DANIEL M. HOOGE, ESQ.

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 RPTT: Recorded By: DP Book- 242 Page- 0108



This document prepared by (and after recording please return to): Name: Daniel M. Hooge, Esq. Address: P.O. Box 532 City, State, Zip: Caliente, NV 89008 Phone: 775-962-2665

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Assessor's Parcel No. = 003-142-16

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)) :ss LINCOLN COUNTY)

Rosanna Maria Baker, being first duly sworn, deposes and states:

- 1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. This affidavit relates to the deed dated 03/02/2006, and recorded on 3/22/2006, as Instrument No. 126165, in Book 214, Page 90, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is more particularly described as follows: All of the easterly forty feet of lot fourteen in block b, also the west sixteen feet of lot fifteen in block b, as platted in the official plat of the west end addition to the city of Caliente, now on file in the office of the county recorder of Lincoln county, Nevada, together with any and all improvements situated thereon; commonly known as 760 A Street, Caliente, Nevada.
4. Christian Nicholas Lehmeier ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
5. The decedent was my spouse.



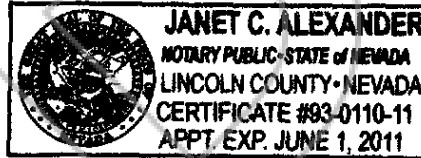
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in **Rosanna Maria Baker**, as her sole and separate property.

DATED this the 29 day of MAY, 2008.

Rosanna M. Baker
Rosanna Maria Baker

SUBSCRIBED AND SWORN to before me on this 29 day of MAY 2008 by **Rosanna Maria Baker**.

Janet C. Alexander
Notary Public



(Seal)

My Commission Expires:

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Christian Nicholas LEHMEIER		DATE OF DEATH (Month, Day, Year) 2. December 20, 2006	
CITY, TOWN OR LOCATION OF DEATH 3b. Henderson		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 2025 Babylon Mill Street	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Male	
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) 7a. 52	
STATE OF BIRTH (If not U.S.A., name country) 9a. California		DATE OF BIRTH (Mo., Day, Yr.) 8. Mar 30, 1954	
CITIZEN OF WHAT COUNTRY 9b. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
SOCIAL SECURITY NUMBER 13.		SURVIVING SPOUSE (If wife, give maiden name) 12. Rosanna M. Vellatti	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Operating Engineer / Retired		KIND OF BUSINESS OR INDUSTRY 14b. Construction	
RESIDENCE—STATE 15a. Nevada		CITY, TOWN, OR LOCATION 15c. Henderson	
COUNTY 15b. Clark		STREET AND NUMBER 15d. 2025 Babylon Mill	
INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes			
FATHER—NAME First Middle Last 16. Marlin Dean Lehmeier		MOTHER—MAIDEN NAME First Middle Last 17. Gladys Grace Van Schyndel	
INFORMANT—NAME (Type or Print) 18a. Rosanna M. Lehmeier - Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2025 Babylon Mill St. Henderson Nevada 89002	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Palm Crematory	
LOCATION City or Town State 19c. Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person in Charge of Service) 20a.		FUNERAL DIRECTOR LICENSE NUMBER 20b. 50	
NAME AND ADDRESS OF FACILITY 20c. 880 S. Boulder Hwy., Henderson, Nevada 89015			
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) 21b. 12/21/06		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) 22b. Before 8:15 AM	
DATE SIGNED (Mo., Day, Yr.) 21c. Before 8:15 AM		HOUR OF DEATH 22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Khoi Dao MD 10001 S. Eastern Ave. Henderson NV 89052		LICENSE NUMBER 23b. 9428	
REGISTRAR 24a. (Signature) <i>Kathleen...</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. DEC 21 2006	
DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Metastatic colon cancer		Interval between onset and death years	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and 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	
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes <i>SW</i>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	
LOCATION. 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 349901

"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: *[Signature]*
Date Issued: DEC 26 2006

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