



This document prepared by (and after recording please return to):)

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Address: P.O. Box 532)
City, State, Zip: Caliente, NV 89008)
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Assessor's Parcel No. = 004-162-07

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 9/27/2002, and recorded on 12/11/2002, as Instrument No. 119208, in Book 168, Page 464, 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: Lot 9 of Alamo West Subdivision, Phase 1, as shown by map thereof recorded March 9, 1987 in Plat Book A, Page 270 as File No. 86358 in the office of the county recorder of Lincoln county, Nevada; commonly known as 9 Wilson Way, Alamo, 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.



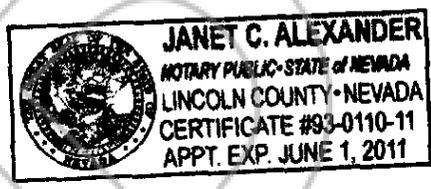
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in **Rosanna Maria Baker**, as her sole and separate property.

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 Alexander
Notary Public



(Seal)

My Commission Expires:

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Christian Nicholas LEHMEIER		2. December 20, 2006		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. Pm. Inpatient (Specify)		SEX	
3b. Henderson		3c. 2025 Babylon Mill Street		3e.		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 52		8. Mar 30, 1954	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. California		9b. U.S.A.		10. 13		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
13.		14a. Operating Engineer / Retired		14b. Construction			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Clark		15c. Henderson		15d. 2025 Babylon Mill	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Marlin Dean Lehmeier		17. Gladys Grace Van Schyndel					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Rosanna M. Lehmeier - Wife		18b. 2025 Babylon Mill St. Henderson Nevada 89002					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Palm Crematory		19c. Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Performing Services)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 50		20c. Palm Mortuary - Henderson 800 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. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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)	
21a. <i>[Signature]</i>		21b. 12/21/06		21c. Before 8:15 AM		22a. <i>[Signature]</i>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)		22c. PRONOUNCED DEAD (Hour)		22d. ON	
21d.		22b.		22c.		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Khoi Dao MD 10001 S. Eastern Ave. Henderson NV 89052		23b. 9428					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. DEC 21 2006		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			
PART I (a) Metastatic colon cancer				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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. Yes <i>[Signature]</i>			
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
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. CITY OR TOWN STATE	
28e.		28f.		28g.			

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

