

Official Record

Recording requested By  
FLOYD BRADLEY

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$40.00 Page 1 of 2  
RPTT: Recorded By: AE  
Book- 245 Page- 0427

APN- 13-042-42  
13-041-13

When Recorded, mail to:

JERRY MANQUAM  
Bu 1161  
Caliente NV 89008



**AFFIDAVIT OF SURVIVING JOINT TENANT**

STATE OF NEVADA

COUNTY OF LINCOLN

Floyd Bradley hereby swears (or affirms) under penalty of perjury, that the following assertions are true of his own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated
2. I am Floyd Bradley, the same person named as Floyd Bradley  
One of the grantees named in that certain Quit Claim Deed recorded as Document # 115412 + 115413 in Book 151 Pg 317 + 320 of the Official Records, in the Office of the Lincoln County Recorder, State of Nevada.

3. The real property which is the subject of the above described deed is located in the County of Lincoln, State of Nevada, and is known as the:

LOT 17 Highland Knolls Subdivision File # 51895  
And  
PARCEL # 47A of the Kenneth M + Jane Price Parcel Map  
Recorded in Book A page 460 File # 104325

3. Melba Bradley, also one of the grantees named in said deed, is the identical Melba Jean Bradley, named as decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made part hereof.

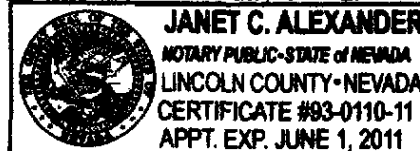
4. As recited in the above-described Certificate of Death MELBA Bradley  
Died on June 9, 2008 in Las Vegas, Nevada County, CLARK

Floyd Bradley  
Printed name of Affiant

Floyd Bradley  
Signature of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME this the 20 day of Oct, 2008

Janet Alexander





0132842

Book 245  
Page 42810/20/2008  
Page 2 of 2DEPARTMENT OF HUMAN RESOURCES  
SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Melba Jean BRADLEY		DATE OF DEATH (Month, Day, Year) 2. June 9, 2006	
CITY, TOWN OR LOCATION OF DEATH 3b. Henderson		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. St. Rose Hospital (Siena Campus)	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		SEX 4. Female	
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		DATE OF BIRTH (Mo., Day, Yr.) 8. July 28, 1945	
CITIZEN OF WHAT COUNTRY 9b. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
SOCIAL SECURITY NUMBER 13. [REDACTED]		SURVIVING SPOUSE (If wife, give maiden name) 12. Floyd C. Bradley	
RESIDENCE—STATE 15a. Nevada		KIND OF BUSINESS OR INDUSTRY 14b. Medical	
COUNTY 15b. Lincoln		STREET AND NUMBER 15d. 861 Lincoln St.	
CITY, TOWN, OR LOCATION 15c. Caliente		INSIDE CITY LIMITS (Specify Yes or No) 16a. Yes	
FATHER—NAME First Middle Last 16. Charles William Smith		MOTHER—MAIDEN NAME First Middle Last 17. Ruth Mathias	
INFORMANT—NAME (Type or Print) 18a. Floyd C. Bradley - Husband		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 861 Lincoln Street, Caliente, Nevada 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Desert Crematory	
FURNERAL DIRECTOR—SIGNATURE (Or Print) (Specify) 20a. [Signature]		LOCATION City or Town State 19c. Las Vegas Nevada	
FURNERAL DIRECTOR LICENSE NUMBER 20b. 64		NAME AND ADDRESS OF FACILITY 20c. 1111 Las Vegas Blvd. N., Las Vegas, Nevada 89101	
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 6.20.06		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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. [Blank]	
HOUR OF DEATH 21c. 0800		HOUR OF DEATH 22c. [Blank]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Syed Rahman, M.D., 2842 E. Lake Mead Blvd., North Las Vegas, Nevada		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
21e. AT		PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Syed Rahman, M.D., 2842 E. Lake Mead Blvd., North Las Vegas, Nevada		LICENSE NUMBER 23b. 10030	
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. JUN 21 2006	
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) DUE TO, OR AS A CONSEQUENCE OF: CARDIO-RESPIRATORY FAILURE		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: LUNG CANCER		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: PNEUMONIA		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	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a. [Blank]		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No	
DATE OF INJURY (Mo., Day, Yr.) 28b. [Blank]		HOUR OF INJURY 28c. M	
HOUR OF INJURY 28c. [Blank]		DESCRIBE HOW INJURY OCCURRED 28d. [Blank]	
INJURY AT WORK (Specify Yes or No) 28e. [Blank]		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. [Blank]	
28f. [Blank]		LOCATION 28g. [Blank]	
28g. [Blank]		STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

No. 339944

"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:

JUN 28 2006

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