APN- 13-0927-4

When Recorded, mail to:

erry Mangum

DOC # 0132842

Official

Recording requested By FLOYD BRADLEY

Lincoln County - NV Leslie Boucher - Recorder Fee: \$40.00 Page 1 of 2

Recorded By: AE Book- 245 Page- 0427

RPTT



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 Document #5115 412 4115413 in Book 15/ Pg/3/7+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 PARCEL #47A of The Kenneth M. JANE PRICE PARCEL MAP Recorded in Book A page 460 File # 104325

Readley, also one of the grantees named in said deed, is the Keadley I, named as decedent in identical Melba 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 MPIBA Died on June 9,2008 in Las Vegas, Nevada

Signature of SWORN TO AND SUBSCRIBED BERFORE ME this the 20 day of Oc

		491 JULIAN - WIJOZO4	2 Book :	428 Pag					AMUH							
	124(14)		— , c.g.s.,	4120 1 49	a 7.0	_	- SECTI			STATI	STIC	S				
}		V U U	~ ~	1		ventific	CATE (OF DE	ATH							
mod .	PEGÉ	LOCAL FILE NUMBE ASED—NAME First	:R	484.8					DATE OF	DEATU (iliano D	w Voor		TATE FILE N	NIMBER / OF DEATH	
TYPE R PRINT	DECE			Middle			Last			•	-					
MANENT	1.	Melb_	_	Jean		BRAD			2. Jur				-1- 501		lark Isex	
ACK INK	спү,		NN OR LOCATION OF DEATH		_		NSTITUTION—Name (If not either, give str		Firm. Inputional (Specify							
EDENT	3b.	Henderson		₃ St. Rose		Hospital (Siena C		Campus) 30 Inpatie								
SVENI	RACE	(e.g., White, Black, American Wa Indian, etc.) (Specify) spe		es Decedent of Hispanic Origin? Pecify Mexican, Cuban, Puerto Ri		/ Specify □ yes 🙀 no li yes, lican, elc.		AGE-Last Birthday (Yo	Last <u>UND</u> ly (Years) MO:		DAYS HOURS MINS		DATE OF BIRTH (Mo., Day, Yr.)			
- [5. White 6. SYATE OF BIRTH (If not U.S.A., name country) 9a. Nevada							7a. 60	7b.		7c.				28, 1945	
DEATH CURPED IN				citizen of what country 96. U.S.A.		Decedent's Education. Spende completed. 10. 12		city highest MARRII WIDOM		ED, NEVER MARRIED, AED, DIVORCED		1		F wile, give maiden n		
TTEUTION HANDBOOK									(Specify) Married			12 Floyd C. Bradle				
GARDING	SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give it Working Life, Even if Refired)		Kind of Work Done During Most of		t of	KIND OF BUSINE		ESS OR	INDUSTRY				
PLETION OF ENCE ITEMS	13.		1		4a Certific		s Aid	14b.		Medical						
	RESID	ENCE-STATE	COUNTY		1	CITY, TOWN, OR	LOCATION			STREET	AND N	UMBER	1		E CITY LIMITS By Yes or No)	
'> (15a.	Nevada	15b. L	incoln		15c. Calie	nte			15d. 8	361	Lincol	ln St		Yes	
		R NAME First		Middle		Last		ER-MAIDE	N NAME	Fin	si		Middle	_	Last	
ENTS	16.	Charle	s	Willian	n	Smith	17.		Ru	th			١.	М	athias	
Ì	INFOF	MANT-NAME (Type or F				MAILING A	DORESS		(Str	set or R.F	.D. No.,	City or Town	, State, Z	ip)		
	188.	Floyd C. Br	valhe	- Husha	nd	18h 861	Line	ola S	treet	· c	116	nto 1	Neva	da 890	กล	
_	BURIA	Floyd C. Br	L OTHER (S	pecify) Cl	EMETERY C	OR CREMATORY-	NAME	0111 0	LIEEL	<u>, </u>	LOCAT	TON	City or	Town	State	
	19a.	Cremation				ert Crem					190	Las Ve	PRO	. \	Nevada	
OSITION		PAC MEECTOR—SIGNAT	VRE /			RECTOR NAME			CILITY	Doce		Memor		1		
1	(Or Pg 20a.	regn Acting arr such)			_	MBER	111 7	17-	an (1					o No	vada 8910	
	>	la. To the best of my lon				d place and	117 7	as ve	2a.On the	besis of	. IN a	ion and/or in	vestigation	n, in my opink	on death occurred mer stated.	
	ਨੂੰ	la. To the best of my lon due to the cause(s) t			1	shnen		15				e and due to	o the caus	e(s) end men	iner stated.	
	₩ Ye	(Signature and Title) DATE SIGNED (Mo.,		HOU				(Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR			HOUR C	OF DEATH				
	To be Completed by CERTIFYING PHYSICIAN		0.06					문문				_		1	1	
TIFIER	3€	NAME OF ATTENDE			0800	D /Time or Orbit			22b. PRONOUNC	ED DEA	D /640 I	Day Ve)	22c.	UNCED DEAL	D (Hours	
	윤톲		NO FITTOGON	N. O. INC. INC.	CONTINE	r (1990 or 1111)		20	HOLOUIN		1	July 11.9	1110110		- (///20/)	
	-0	21d.				/	, 		22d. ON	<u> </u>			22e. AT	Licrost		
- 1		NAME AND ADDRES											da	LICENSE N	7.	
	<u> </u>	234 Syed F	ahman,	M.D., 2	842 E	. Lake M	lead F	3lvd.,	Nort	h La	77	ecas.		23b.	10030	
ITIONS	REGIS	TRAR				Del					15 Y	7747/				
MY				$\wedge \wedge /$	^	Lu Mari	79	D BY REGI	STRAR (MA	., Duy, Yr.	DEA	TH DUE TO	COMMUN	ICABLE DISE	EASE	
I GAVE		Signeture) 🗩 🛴	Mu	D.Q.	ممار	uty 245). 1.	IUN 2	STRAR (MA	., Duy, Yr.	DEAT	TH DUE TO	NO[4	ICABLE DISE	ASE	
DIAIE (Signature) MEDIATE CAUSE	MER ONLY	ONE CAUSE PER	UNE FOR	(a), (D) (NO (C).)		JUN 2	1 20	., Duy, Yr.	DEA	TH DUE TO	моц	ICABLE DISE	ASE	
DIAIE (Signature) MEDIATE CAUSE	Mu MERONLY 9200	DuQ ONE CAUSE PER - PESP	UNE FOR	(a), (D) (NO (C).)		D BY REGI	1 20	., Duy, Yr.	DEA	TH DUE TO	моц	ICABLE DISE	ASE	
MAIE (25. IMI	Signature) MEDIATE CAUSE	AZDIO	- PESP	UNE FOR	(a), (D) (NO (C).)		JUN 2	1 20	., Duy, Yr.	DEA	TH DUE TO	NO[4	ICABLE DISE	ASE	
MAIE (25. IMI	Signature) MEDIATE CAUSE	A CONSEQUE	- PESP	KA?	124, 246 (a), (b) (JND (c).) 2002		JUN 2	1 20	., Duy, Yr.	DEA	TH DUE TO	NO[4	ICABLE DISE	ASE wen onset and death	
DIAIE (25. IMI	Signature) MEDIATE CAUSE	A CONSEQUE	ENCE OF:	CAN	(a), (b) (NO (c).)		JUN 2	1 20	., Duy, Yr.	DEA	TH DUE TO	NO[5	Interval betwee	ASE wen onset and death	
DIAIL (25. IMI	(a) DUE TO, OR AS	A CONSEQUE	ENCE OF:	CAN	(a), (b) (NO (c).)		JUN 2	1 20	., Duy, Yr.	DEA	TH DUE TO	NO[5	Interval betwee	en onest and death	
SE OF	25. IMI	(c)	A CONSEQUE A CONSEQUE	- RESP ENCE OF: PNEW	CAN CAN	aty 200 (a), (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	750	IUN 2	STRAR (AL 201)6 / v	DEA	YES A	NO[5]	interval between the control between the contr	en onset and death ien onset and death	
SE OF	25. IMI	(a) DUE TO, OR AS	A CONSEQUE A CONSEQUE	- RESP ENCE OF: PNEW	CAN CAN	aty 200 (a), (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	750	IUN 2	STRAR (AL 201	, Duy Vr.	24c.	YES SY (S)	Pecify V	INTERVAL DELIVER	en onest and death on onest and death on onest and death en onest and death EFERRED TO peoply Yes or No)	
MASE MS THE RELYING E LAST	25. IMI PART	(e) DUE TO, OR AS (b) DUE TO, OR AS (c) OTHER SIGNIFICAN	A CONSEQUE A CONSEQUE A CONSEQUE T CONDITION	ENCE OF: WG- ENCE OP: PNEW IS—Conditions con	CAN mion	(a), (b) (NND (c).) (CER (CER (CA) (death but not recu	alling in the u	D BY REGION 2	STRAR (ALC 1 20)	, Duy, Yr.	24c.	YES SY (S)	Pecify V	interval between the control between the contr	en onest and death on onest and death on onest and death en onest and death EFERRED TO peoply Yes or No)	
SE OF	25. IMI PART PART ACC., OR PE	(e) DUE TO, OR AS (b) DUE TO, OR AS (c) OTHER SIGNIFICAN SUICIDE, HOM, UNDET,	A CONSEQUE A CONSEQUE T CONDITION DATE OF IN	- RESP ENCE OF: PNEW	CAN chilibuting to	(a), (b) (IND (c).) (CEP) (CEP) (death but not recu	along in the u	IUN 2	STRAR (ALC 1 20)	, Duy, Yr.	24c.	YES SY (S)	Pecify V	INTERVAL DELIVER	en onest and death on onest and death on onest and death en onest and death EFERRED TO peoply Yes or No)	
H GAVE H GAVE	25. IMI PART PART ACC., OR PE (Speck	(e) DUE TO, OR AS (b) DUE TO, OR AS (c) OTHER SIGNIFICAN SUCCIDE, HOM., UNDET., NORMS INVEST.	A CONSEQUE A CONSEQUE T CONDITION DATE OF IN 286.	ENCE OF: IN G- ENCE OF: PINE 2 (IS—Conditions cor UURY (Mo., Day, Y)	CAN CAN Stributing to HOUR C 28c.	(a), (b) (NND (c).) (CEP) (CEP) (death but not resu	DESCRIE	JUN 2 JUN 2 JUN 2	1 200	Part 1.	24c.	YES (SY Yes (SO)	Pecify Yor No) C	ICABLE DISE Interval betwee INTERVAL B	en onest and death sen onest and death sen onest and death ern onest and death EFERRED TO pecify Yes or No)	
USE OF	25. IMI PART PART ACC., OR PER (Special INJURY)	(e) DUE TO, OR AS (b) DUE TO, OR AS (c) OTHER SIGNIFICAN SUICIDE, HOM, UNDET,	A CONSEQUE A CONSEQUE T CONDITION DATE OF IN 286.	ENCE OF: PINELLI IS—Conditions con	CAN CAN Stributing to HOUR C 28c.	(a), (b) (NND (c).) (CEP) (CEP) (death but not resu	along in the u	JUN 2 JUN 2 JUN 2	1 200	, Duy, Yr.	24c.	YES (SY Yes (SO)	Pecify V	ICABLE DISE Interval betwee INTERVAL B	en onest and death on onest and death on onest and death en onest and death EFERRED TO peoply Yes or No)	
MASE MS THE RELYING E LAST	25. IMI PART PART ACC., OR PE (Special INJUR:	(e) OTHER SIGNIFICAN SUKCIDE, HOM., UNDET., NOBING INVEST. Y AT WORK	A CONSEQUE A CONSEQUE T CONDITION DATE OF IN 286.	ENCE OF: IN G- ENCE OF: PINE 2 (IS—Conditions cor UURY (Mo., Day, Y)	CAN CAN Stributing to HOUR C 28c.	(a), (b) (NND (c).) (CEP) (CEP) (death but not resu	DESCRIE	JUN 2 JUN 2 JUN 2	1 200	Part 1.	24c.	YES (SY Yes (SO)	Pecify Yor No) C	ICABLE DISE Interval betwee INTERVAL B	en onest and death sen onest and death sen onest and death ern onest and death EFERRED TO pecify Yes or No)	
SE OF	25. IMI PART PART ACC., OR PER (Special INJURY)	(e) OTHER SIGNIFICAN SUKCIDE, HOM., UNDET., NOBING INVEST. Y AT WORK	A CONSEQUE A CONSEQUE T CONDITION DATE OF IN 286. PLACE OF	ENCE OF: IN G- ENCE OF: PINE 2 (IS—Conditions cor UURY (Mo., Day, Y)	CAN CAN Stributing to HOUR C 28c.	(a), (b) (NND (c).) (CEP) (CEP) (death but not resu	DESCRIBE A 28d.	JUN 2 JUN 2 JUN 2	1 200	Part 1.	24c.	YES TO	PROPERTY OF T	ICABLE DISE Interval betwee	en onest and death sen onest and death sen onest and death EFERRED TO Decity Yes or No)	
MASE MS THE RELYING E LAST	25. IMI PART PART ACC., OR PER (Special INJURY)	(e) OTHER SIGNIFICAN SUKCIDE, HOM., UNDET., NOBING INVEST. Y AT WORK	A CONSEQUE A CONSEQUE T CONDITION DATE OF IN 286. PLACE OF	ENCE OF: IN G- ENCE OP: PINE 2. IS—Conditions con UNRY (Ma., Day, Y) INJURY—Al horn building,	CAN notificating to a HOUR C 28c. tam, street. (Specify	(a), (b) (NND (c).) (CEP) (CEP) (death but not resu	DESCRIBE A 28d.	JUN 2 JUN 2 JUN 2	1 200	Part 1.	24c.	YES TO	PROPERTY OF T	ICABLE DISE Interval betwee INTERVAL B	en onest and death sen onest and death sen onest and death EFERRED TO Decity Yes or No)	

"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: LT

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