

Official Record

Recording requested By DANIEL W. CROMP

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 RPTT: Recorded By: LB Book- 259 Page- 0093



After recording please return to: )
Name: Daniel W Cromp )
Address: 228 Foley Lane )
City, State, Zip: Las Vegas NV 89138 )
Phone: 702-869-1616 )
Assessor's Parcel Number 6-041-36 )

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AFFIDAVIT TERMINATING JOINT TENANCY Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )
)ss
LINCOLN COUNTY )

Daniel W Cromp, 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. I am Daniel W Cromp, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on December 19, 2003 as Document No. 121521, in Book 181, Page 309, 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 located in Lincoln County, Nevada commonly known as, described as follows: The South one-half (S 1/2) of the North East quarter (NE 1/4) of U.S. Government lot ten (10) in section two (2), township 4 North, Range 67 East, M.D.B.& M., Lincoln County Nevada, as shown in the office on the County Recorder, Lincoln County Nevada.

APN 6-041-36



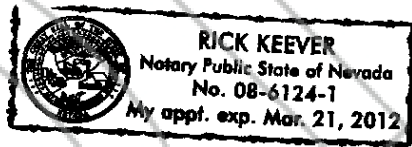
- 4. Marjorie A Cromp ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my Wife.
- 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 in me, Daniel W Cromp, as sole owner.

DATED this the 14 day of OCT., 2010.

Daniel W. Cromp  
Affiant

SUBSCRIBED AND SWORN to before me on this 14 day of October, 2010 by Daniel W Cromp

[Signature]  
Notary Public



STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2010008241

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marjorie Ann CROMP</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 03, 2010</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name(if not either, give street and number) <b>Nathan Adelson Hospice</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Hospice Facility (HFS)</b>	
4. SEX <b>Female</b>		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>78</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 21, 1931</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>Illinois</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Daniel CROMP</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Surgical Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>228 Foley Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Charles PETTUS</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Gertrude CRICHINDIN</b>		18a. INFORMANT- NAME (Type or Print) <b>Debbie CUKOR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>301 Onyx Crest Steet Las Vegas, Nevada 89145</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. GEMETERY OR CREMATORY - NAME <b>La Paloma Funeral Services</b>		19c. LOCATION - City or Town - State <b>Las Vegas Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CURT KOESTLER</b>		20b. FUNERAL DIRECTOR LICENSE <b>823</b>		20c. NAME AND ADDRESS OF FACILITY <b>Simple Cremation and Burial Services 3658 N Rancho Drive #101 Las Vegas NV 89130</b>	
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED <b>TERESA HANLON MD</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>June 07, 2010</b>		21c. HOUR OF DEATH <b>13:00</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. To Be Completed by CORONERS OFFICE 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) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>TERESA HANLON MD 3391 N. Buffalo Drive Las Vegas, NV 89129</b>		23b. LICENSE NUMBER <b>5947</b>		24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 08, 2010</b>		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) <b>End-stage cirrhosis liver</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify: Yes or No) <b>Yes</b>	
28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		28c. 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 STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

"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: *msj*

Date Issued: JUN 09 2010