

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 259 Page- 0226



A.P.N.: 003-076-03
File No: 106-2402406 (CV)

When Recorded return to, and mail Tax Statements to:
Maryellen Vallier Sadovich
Po Box 113
Caliente, NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Maryellen Vallier Sadovich, of legal age, being first duly sworn, deposes and says:

That **Joseph D. Sadovich**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Joseph D. Sadovich** named as one of the parties in that certain **Executor's Deed** dated **27th day of October, 1971** executed by **Thomas Gerald Pryatel** to **Joseph D. Sadovich and Maryellen Vallier Sadovich** as joint tenants, recorded as Document No. **51139** on **12/10/1971** in Book **3**, Page **277-278** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

ALL OF LOTS NUMBERED ONE (1), TWO (2), THREE (3) AND FOUR (4) IN BLOCK NUMBERED FIVE (5) IN THE CITY OF CALIENTE, COUNTY OF LINCOLN, STATE OF NEVADA, TOGETHER WITH ANY AND ALL IMPROVEMENTS THEREON AND THE FIXTURES THEREIN; AS SAID LOT AND BLOCK ARE DELINEATED AND DESCRIBED ON THE OFFICIAL PLAT OF SAID CITY OF CALIENTE, NOW ON FILE AND RECORD IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY.

Maryellen Vallier Sadovich
Maryellen Vallier Sadovich Date 10-27-10

STATE OF **NEVADA**)
) :ss.
COUNTY OF Lincoln)

This instrument was acknowledged before me on 27, October
2010 by Maryellen Vallier Sadovich

Maryellen Vallier Sadovich
[Signature]
Notary Public
(My commission expires: March 26, 2010)



File No.: 106-2402406

NOTARY INFORMATION

NOTARY PUBLIC: PLEASE PROVIDE US WITH THE FOLLOWING INFORMATION:

Your Name: (NOTARY) September B. Carlson

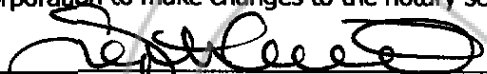
Address: PO Box 655 Caliente NV 89008

Daytime Phone Number: 775-726-3135

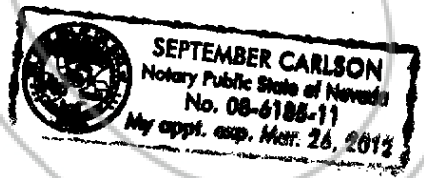
State: Nevada

County: Lincoln

In the event **First American Title Insurance Company**, a(n) **California** Corporation comes across a problem with the Notary section I, September Carlson (notary public) authorizes **First American Title Insurance Company**, a(n) **California** Corporation to make changes to the notary section only.


Notary Public signature

Reproduced by First American Title Insurance 1/2001



LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Joseph Daniel SADOVICH		2. August 31, 2001	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
3c. St. Rose Dominican		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. Caucasian		4. Male	
Was Decedent of Hispanic Origin? Specify [] yes [X] no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6. []		8. August 23, 1920	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 81		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Utah		12. Mary Vallier	
9b. USA		10. 14	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]		14b. Plumbing	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		14a. Pipe Fitter	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Henderson	
COUNTY		STREET AND NUMBER	
15b. Clark		15d. 306 Tungsten St	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Marcus Sadovich		17. Juliana Smichicloss	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Mary Sadovich		18b. 306 Tungsten St., Henderson, Nevada 89015	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Desert Crematory	
19c. Las Vegas Nevada		LOCATION City or Town State	
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 63	
NAME AND ADDRESS OF FACILITY		20c. 3110 E. Sunset Rd., #D Las Vegas, NV. 89120	
20d. Neptune Society of Nevada		20e. 89120	
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]		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.)		HOUR OF DEATH	
21b. 9/5/01		21c. 1856	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22c. PRONOUNCED DEAD (Hour)	
22d. ON		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
23a. Nicholas Calica M.D. 520 Fremont St. Las Vegas, NV. 89101		23b. 8250	
REGISTRAR (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. SEP 06 2001	
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).)		Interval between onset and death	
PART (a) VENTRICULAR TACHYCARDIA ARREST		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) ACUTE MYOCARDIAL INFARCTION		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		AUTOPSY (Specify Yes or No)	
26. ANOXIC ENCEPHALOPATHY		26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION		STREET OR R.F.D. No.	
28g. [REDACTED]		28h. [REDACTED]	
CITY OR TOWN		STATE	
28i. [REDACTED]		28j. [REDACTED]	

No. 201769

"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: **SEP 07 2001**

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