

Official Record

Recording requested By
CONCEPCION J. WEST

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2
RPTT Recorded By: AE
Book- 259 Page- 0354

A.P.N.: 010-173-06
File No: ()



When Recorded return to, and mail Tax Statements to:
Sandra D. Hockenberry
HCR 61 Box 44
Alamo, NV 89001

AFFIDAVIT - TERMINATING JOINT TENANCY

Sandra D. Hockenberry, of legal age, being first duly sworn, deposes and says:

That **Stephen Harvey Almond**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Stephen H. Almond** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **1/23/2006** executed by **Priscilla Travis, a married woman and Elizabeth Keller, an unmarried woman to Sandra D. Hockenberry and Steven H. Almond** as joint tenants, recorded as Document No. **125901** on **2/3/2006** in Book **211** page **432** of Official Records of Lincoln County, Nevada covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

LOT 6, BLOCK 3 OF SUNSET ACRES, TRACT NO. 1, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON OCTOBER 6, 1975, IN BOOK A, PAGE 117, OF PLATS, AS FILE NO. 57314.

Sandra D. Hockenberry 11-04-10
Sandra D. Hockenberry Date

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

This instrument was acknowledged before me on **Nov. 4, 2010**
_____ by **Sandra D. Hockenberry**

Riann Stever
Notary Public
(My commission expires: **April 12, 2014**)



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

CERTIFICATE OF DEATH

2007003304

STATE FILE NUMBER

Form with sections: DECEASED-NAME, DATE OF DEATH, COUNTY OF DEATH, CITY, TOWN, OR LOCATION OF DEATH, HOSPITAL OR OTHER INSTITUTION, RACE, AGE, STATE OF BIRTH, CITIZEN OF WHAT COUNTRY, EDUCATION, MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SURVIVING SPOUSE, SOCIAL SECURITY NUMBER, USUAL OCCUPATION, RESIDENCE, FATHER, MOTHER, INFORMANT, BURIAL, CEMETERY OR CREMATORY, FUNERAL DIRECTOR, TRADE CALL, CERTIFIER, REGISTRAR, CAUSE OF DEATH, IMMEDIATE CAUSE, OTHER SIGNIFICANT CONDITIONS, ACCIDENT, DATE OF INJURY, HOUR OF INJURY, PLACE OF INJURY, LOCATION.

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: [Signature]

Date Issued: NOV 26 2007