

Official Record

Recording requested By  
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

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RPTT

Recorded By: AE

Book- 263 Page- 0251

RECORDING REQUESTED BY:

Fidelity National Title Agency of Nevada, Inc.  
Escrow No. FT07-FT110038006  
Title Order No.

When Recorded Mail Document To:

Sandra Newton  
540 Opal Court  
Boulder City, NV 89005

APN: 001-094-09



0138159

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

COUNTY OF <sup>Clark</sup> LINCOLN <sub>ms</sub>

Sandra J. Newton, being first duly sworn, and deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Sandra J. Newton the person as Sandra J. Newton, one of the grantees in that certain deed recorded August 29, 1988, as Book 82 Page 19 as Document 89710, in the office of the County Recorder of Lincoln, State of Nevada.

That Thomas W. Newton was one of the grantees name in said deed and was the identical person named as Thomas W. Newton, the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

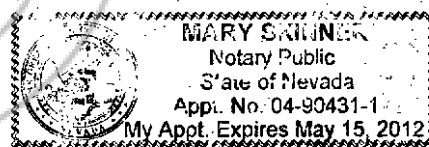
DATED: April 11, 2011

SUBSCRIBED AND SWORN TO before me  
this 12<sup>th</sup> day of April 2011.

Sandra J. Newton  
Sandra J. Newton

Mary Skinner  
Notary Public in and for said County and State

Mary Skinner  
Comm. Exp. 5-15-12





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DEPARTMENT OF HUMAN RESOURCES  
H - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Thomas Wayne NEWTON</b>		2. DATE OF DEATH (Month, Day, Year) <b>October 22, 1993</b>	
3a. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>The Nathan Adelson Hospice</b>	
3c. RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		3e. SEX <b>Male</b>	
5. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		6. AGE—Last Birthday (Years) <b>57</b>	
7a. UNDER 1 YEAR MOS : DAYS		7b. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo., Day, Yr.) <b>August 6, 1936</b>		9. SURVIVING SPOUSE (If wife, give maiden name) <b>Sandra Dotson</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
10. Decedent's Education. Specify highest grade completed. <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Manager</b>	
14b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</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>6232 Carl Ave.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16. FATHER—NAME First Middle Last <b>Elmer Newton</b>		17. MOTHER—MAIDEN NAME First Middle Last <b>Mary Killebrew</b>	
18a. INFORMANT—NAME (Type or Print) <b>Sandra Newton -Wife</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>6232 Carl Avenue Las Vegas Nevada 89108</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY—NAME <b>Palm Crematory</b>	
19c. LOCATION City or Town State <b>Las Vegas Nevada</b>		20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	
20b. FUNERAL DIRECTOR LICENSE NUMBER <b>27</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary 1325 No. Main St. Las Vegas, Nevada</b>	
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) <i>[Signature]</i>		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) <i>[Signature]</i>	
21b. DATE SIGNED (Mo., Day, Yr.) <b>10/25/93</b>		21c. HOUR OF DEATH <b>8:10 A.M.</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)	
21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Karen Cross, M.D. 1641 East Flamingo Road Las Vegas Nevada 89119</b>		22c. HOUR OF DEATH	
23a. REGISTRAR <i>[Signature]</i>		23b. LICENSE NUMBER <b>6052</b>	
24a. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>OCT 27 1993</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) DUE TO, OR AS A CONSEQUENCE OF: <b>cardiopulm arrest</b>		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>renal cell CA</b>		Interval between onset and death <b>9/10</b>	
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>pulmonary metastatic dis</b>		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	
28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY	
28d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28e. DESCRIBE HOW INJURY OCCURRED	
28f. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE		28g.	

No. 057386

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 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

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **OCT 29 1993**

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89127  
702-383-1223



**EXHIBIT "A"**

The land referred to in this Commitment is situated in the County of Lincoln, State of Nevada and is described as follows:

**LOTS NUMBERED TWENTY-TWO (22) AND TWENTY-THREE (23) IN BLOCK NUMBERED TWO (2) IN THE TOWN OF PIOCHE, COUNTY OF LINCOLN, STATE OF NEVADA.**

