IN Plat Book B, Page 228 as Ils 11/897, in office Louty Recorder of Lincoln Low

DOC # 0138444

4.	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, as sole owner.
	DATED this the 16 day of MAy ,2011. Affiant
SUBSCRIBED AND SWORN to before me on	
thi	s lle day of May , 2011 by Senneth William Mayer Je
No	tary Public CERTIFICATE # 08-6866-11

File No: 2014383 (MJ)
A.P.N.: 001-111-23
When Recorded, Mail Tax Statements To:
Kønneth W. Meyer
5612 Avenida Tampico
Las Vegas, NV. 89108

Armchament +1

R.P.T.T.: \$24.05

GRANT, BARGAIN and SALE DEED

FOR VALUABLE CONSIDERATION, receipt of which is hereby acknowledged,

Dent L. Lay and Peggy D. Lay as Trustees of the D.P.L Trust dated April 5, 1995

do(es) hereby GRANT, BARGAIN, and SELL to

Kenneth W. Meyer and Tracey C. Meyer, husband and wife as joint tenants with right of survivorship

the real property situate in the County of Lincoln, State of Nevada, described as follows:

All that real property situated within lots 7 & 8, excepting the East 7.00 feet of Lot 7, of Block 29 of the Town of Ploche, Sec. 22, T. 1 N., R. 67 E., M.D.M., County of Lincoln, State of Nevada, bounded and described as follows:

Beginning at the NW cor of said Lot 8, whence the N1/4 cor of Sec. 22 T. 1 N, R 67 E, M.D.M. bears N 03°26'545" W. a distance of 3650.60 feet, said point being described as the point of hedinning:

Thence N. 56°25'20" E., a distance of 50.00 feet to the NW Cor of said Lot 7; Thence S. 28°34'40" E., a distance of 96.00 feet to a point of intersection with the North right-of-way of Main Street;

Thence S. 56°25'2-" W. a distance of 50.00 feet to the SW corner of said Lot 8; Thence N. 28°34'40" W. a distance of 96.00 feet to the NW cor of said Lot 8 and the Point of Beginning;

Said land being shown and delineated on Record of Survey Boundary Line Adjustment for Dent L. Lay & Peggy D. Lay recorded June 7, 1999 in Plat Book B, Page 228 as File No. 111897 in the Office of the County Recorder of Lincoln County, Nevada.

Subject to:

- 1. All general and special taxes for the current fiscal year.
- Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

A.P.N.

Grant, Bargain and Sale Deed continued

File No.: 2014383 (MJ)

TOGETHER with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversions, remainders, rents, issues or profits thereof.

Date: 6/19/02

Dent L. Lay and Peggy D. Lay, Trustees of the D.P.L Trust

Dent L. Lay, Trustee

Peggy D. Lay, Trustee

STATE OF NEVADA

COUNTY OF Clark

This instrument was acknowledged before me on June 19, 200 2 by

Dent L. Lay and Peggy D. Lay,

Trustees of

for

Dent L. Lay and Peggy D. Lay, Trustees of the D.P.L Trust dated April 5, 1995

indat Eugster

Notary Public

(My commission expires: January), 2005

LINCA D. EUSSTER

FEE 15. NAPIT 24.05 DEP LESLIE BOUCHER LA

AT THE REQUEST OF

 \Box ___ دے



2011002962 CERTIFICATE OF DEATH STATE FILE NUMBER TYPE OR 2. DATE OF DEATH (Mo/Day/Year) PERMANENT MEYER February 26, 2011 噩 Clark Tracey Christine 36. CITY, TOWN, OR LOCATION OF DEATHINGS HOSPITAL OR OTHER INSTITUTION -NE 3e If Hosp, or Inst. indicate DOA, OP/Emer Rm Inpatient(Specify) and number) 5612 Avenida Tampico Home Female Las Vegas DECEDENT 76 UNDER 1 YEAR TO UNDER 1 DAY 8 DATE OF BIRTH (Mo/Day/Yr) 5. RACE White 6. Hispanic Origin? Specify 7a AGE-Last birthday (Years) MINS No - Non-Hispanic (Specify) August 31, 1957 CHTZER U WHAT COUNTRY 10 EDUCATION 11 MARRIED, NEVER MARRIED, WIDOWED, United States 14 DIVORCED (Spenish Married 12 SURVIVING SPOUSE IT WILL give mader hamkermen William MEYER JR 9a: STATE OF BIRTH (If not U.S.A., IF DEATH OCCURRED IN INSTITUTION SEE HANDROOK Oregon THE KIND OF BUSINESS OR INDUSTRY Liquor REGARDING Working Life, Even If Refired) Purchasing Agent PLETION OF 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes RESIDENCE 15a RESIDENCE - STATE 15b. COUNTY 15c. CITY, TOWN OR LOCATION Las Vegas 5612 Avenida Tampico Nevada 17. MOTHER/PARENT - NAME (First Middle Last Suffix) 16 FATHER/PARENT - NAME (First Middle Last Suffix) PARENTS Michael Johnny WERNER Mary BAUER (Street or R.F.D. No, City or Town, State, Zip Kenneth WIMEYER JR 5612 Avenida Tampico Las Vegas, Nevada 89108 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION DISPOSITION Boulder City Mausoleum Entombment **Boulder City Nevada** 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b FUNERAL DIRECTOR LICENSE Affordable Cremation and Burial Services BART BURTON 50 12457 N Decatur Blvd Las Vegas NV 1991 05 SIGNATURE AUTHENTICATED RADE CALL TRADE CALL - NAME AND ADDRESS 22a. On the basis of examination and/or investigation of mylopinion destriction at the time, date and place and due to the cause is stated (significance of title) due to the cause(s) stated (Signature & Litie) SIGNATURE AUTHENTICATED WARREN WHEELER M.D. 21b. DATE SIGNED (Mo/Day/Yr) 22b DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH CERTIFIER March 03, 2011 12:42 To Be 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 238 NAME AND ADDRESS OF CERT FLER (PHYSICIAN), AT FENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONERY (Type or Print) Variety Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119 236 LICENSE NUMBER 11795 24b DATE RECEIVED BY REGISTRAR 24c. DEATHEDUE TO COMMUNICABLE DISEASE 24a REGISTRAR (Signature) NINETTE HARRINGTON REGISTRAR (Mo/Day/Yr) NO X March 03, 2011 SIGNATURE AUTHENTICATED 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) **CAUSE OF** Pulmonary fibrosis PARTI DEATH DUE TO, OR AS A CONSEQUENCE OF MONTIONS IF ANY WHIGH GAVE RISE TO IMMEDIATE DUE TO, OR AS A COMSEQUENCE OF CAUSE STATING THE DUE TO, OR AS A CONSEQUENCE OF UNDERLYING CAUSE LAS PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Parl 1. 27 WAS CASE REFERRED 26 AUTOPSY

STATE REGISTRAR



28. PLACE OF INJURY- At home, farm, street, factory, office



STATE

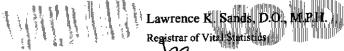
CITY OF TOWN

"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.

28e, INJURY AT WORK (Specify

NOT VALID WITHOUT THERAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT



STREET OR R.F.D. No.

Date Issued: MAR 07 2011