RECORDING REQUESTED BY:

Fidelity National Title Escrow No. FT110040877-EA Mail Tax Statements and When Recorded Mail Document To: Joseph R. McDaniel 9475 Tomahawk Way Reno, NV 89506

APN: 002-113-05

0138605

03.26 PM

Record ficial

Recording requested By FIRST AMERICAN TITLE COMPANY

Lincoln County - NV - Recorder Leslie Boucher

Fee: \$15.00 Page 1 Page 1 of 2 Recorded By: AE

Book- 264 Page- 0670



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

COUNTY OF WASHIE

Joseph R. McDaniel, 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 bereinafter stated.

That affiant is Joseph R. McDaniel the person named as Dawn C. McDaniel, one of the grantees in the certain deed recorded June 7, 1991, in Book 97, Page 78, as Instrument No. 96817, of Lincoln County in the office of the County Recorder of Lincoln, State of Nevada.

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

SUBSCRIBED AND SWORN TO before me

Notary Public in and for said County and State

CHRISTINE L. LOTT Notary Public - State of Nevada Appointment Recorded in Washoe County No: 93-4644-2 - Expires September 8, 2013 06/29/2011

N OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

			IEVADA — DEPART OF HEALTH — SE						
Γ	ROLL 112 IMAGE	156 2522	CERTIFICAT				STATE FILE NUMBER		
TYPE OR PRINT	DECEASED-NAME First				DATE OF DEATH (COUNTY	COUNTY OF DEATH	
PERMANENT BLACK INK	1. Dawn CITY, TOWN OR LOCATION OF	C.	MCDANI HER INSTITUTION—Name (# n			er 22, 20		ser e	
DLACK IMA	_		eenstone Driv	_		lf Hosp, or Inst. Indic Rm. Inputient (Specif		Female	
DECEDENT	RACE—(e.g., White, Black, Ameri Indian, etc.) (Specify)		Origin? Specify yes \$7 no if yes for Pican, etc.		UNDER 1 Y	EAR UNDER 1	DATE OF BIRTH	(Mo., Day, Yr.)	
ł	White	la ·	1. The state of th	7a. 83	70.	7a.	B.Decembe	er 28, 1919	
IF DEATH Occupred in	STATE OF BIRTH (# not U.S.A., name country)	CITIZEN OF WHAT CO	grade completed.		MARKED, NEVE WIDOWED, DIVO (Specify) Man	RCED RCED	Lewis Mcl	No.	
institution See Handbook Regarding	SOCIAL SECURITY NUMBER	95. U.S.A	Give Kind of Work Done During	1990		ESS OR INDUSTRY	12.004.35 1104	, autor	
COMPLETION OF RESIDENCE ITEMS	18.	Working Life, Even if Re 14a.	office Manag	er	146. Lt	mber			
ارا	RESIDENCE_STATE	COUNTY	CITY, TOWN, OR LOCAT	KON	7	76.	/Specify	TY LIMITS Year or No.) Y e.S.	
- 	FATHER NAME FIRST	15b. Washoe	15c Reno	OTHER MAIDE		reenstone	Drive 15e.	Yes	
PARENTS	FATHER-MAME First			7. *	улине на Мал	- I	parcuse		
	INFORMANT HAME (Type or Pri		MAILING ADDRES			.D. No., City or Town	, State, Zip)		
:	lewis McDar	idel .	180 110 G	reensto	ne Drive,	Reno, Ne	vada 89512		
. (BURIAL, CREMATION, REMOVAL	, OTHER (Specify) CBMET	ERY OR CREMATORY NAME	1		LOCATION	City or Town	Stelle	
DISPOSITION	FUNERAL DISCOUR SIGNATION OF Person Coing las Suchi	196.	Masonic Memor	ial Gar	dens		no, Nevada		
	(or Person ficting as Such)	The LUCEN	AL DIRECTOR NAME AND 1 15 NUMBER 200. 616	DUHESS OF IM	our Ph I		ns Funeral 1 , Nevada 8		
	z 219. To the best of my know		JII 200. 010	South	2a. On the beam of	minimion and/or in	estigation, in my opinion	death occupred	
· [221. To the best of time incoming death occurred at the time, date and place and due to the cause(s) stated. 222. On the best of extendination gradior investigation, in my opinion death occurred at the time, date and dispose and date to the cause(s) stated. 223. On the best of extendination gradior investigation, in my opinion death occurred at the time, date and date and dispose and date to the cause(s) and manner states. 225. Signature and Title)								
-	DATE SIGNED (MO., C	Pay, Yr.) . HOUR OF	DEATH	160 0	eptember	Defr 75.)	HOUR OF DEATH	()	
CERTIFIER	0≩ 21b.	21c. PHYSICIAN IF OTHER THAN CE	TEES (Time at Stat)	175 -	RONOUNCED DEA	7%	PRONOUNCED DEAD (Garage Control	
	NAME OF ATTENDING	I PITSICIAN P CINEN INNI CE	THE RESIDENCE			22,2003		•	
		OF CERTIFIER (PHYSICIAN, ATT	ENDING PHYSICIAN, MEDICAL	EXAMINER, OR	CORONER). (7)pe	or Print)	22a. AT 0610		
į	23eVernon (. McCarty, Core	ner, P.O. Box	11130,	Reno, No	vada 8952	20 236. WC	C S. 35	
CONDITIONS	REGISTRAR	1111	DATE REC	EIVED BY REGIS	TRAPI (Mo., Day, Y) DEATH DUE TO	COMMUNICABLE DISEAS	Æ	
WHICH GAVE. RISE TO MAKEDIATE	24L (Signature) 25. IMMEDIATE CAUSE (E)	NOUT UNUNU	1 Dep 246 Se	<u>ptember</u>	24, 2003	24c. YES	NO 🖔	and dot	
CAUSE STATING THE	\ \ \\	ITER OFLY ONE CAUSE PER LINE	J (a), (b), AND (c).)					Circu and Canal	
UNDERLYING CAUSE LAST	PART (a) Cachexi	. A. CONSEQUENCE OF					interval between	oneet and death	
	a Alzhein	er's disease		/	. ,	•	•		
	DUE TO, OR AS A	ner's disease CONSEQUENCE OF:		/			• Interval between	creet and death	
CAUSE OF	(g)	CONDITIONS—Conditions contribut	ting by charle but and manifest in	the underlying on	me obser in Bart 6 1	AUTOPSY (S	MON I WAS CASE REF	FRAFO TO	
DEATH	PART CITHER SIGNIFICANT	CATALLE CATALOGUE CATALOGUE	मन्त्र क कर्मात क्षेत्र (प्रद्र व्यक्तितारी ह	en trainburk etc.	Annual Lane (1)	28. No _	WAS CASE FIEFF W No.) CORONER (Spec 27. Yes	By Yes or No)	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Yr.)	OUR OF HUURY DES	CRIBE HOW IN	URY OCCURRED	140	168		
\. I	(Specify)	11.7%	9c. N 28d.		<u> </u>			·	
- \: - 1	INJURY AT WORK	PLACE OF INJURY—At home, to	m, street, factory, office LOC	ATION.	STREET OR R.I	D. No. C	TY OR TOWN 81	TATE	

STATE REGISTRAR

No.240481

000044494

CERTIFIED COPY OF VITAL RECORDS

This is a trite and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

JUN 2 4 2011

DEPUTY REGISTRAR

Morna Jackson

ON AND DE

DATE ISSUED:

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.