



After recording please return to:)
Name: Steven A. Ralston)
Address: 6248 Brookings Court)
City, State, Zip: Las Vegas, NV 89110)
Phone: (702) 438-6367)
Assessor's)
Parcel Number 005-231-10)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
)ss
COUNTY OF LINCOLN)

Steven A. Ralston, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Steven A. Ralston, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on May 23, 1997, as Document No. 109012, in Book 128, Page 179, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 1010 Meadow Lane, Pioche, NV, described as follows:

That portion of the Southeast Quarter (SE $\frac{1}{4}$) of the Southwest Quarter (SW $\frac{1}{4}$) of Section 34, Township 5 South, Range 67 East, M. D. B. & M., described as follows:

THE WEST HALF (W $\frac{1}{2}$) OF THE FOLLOWING DESCRIBED PROPERTY:

Beginning at a point which is the SW Corner of this parcel from which the SW Corner of said Section 34 bears S 89 degrees 42' 36" W a distance of 1,317.38 feet more or less; thence N 0 degrees 59' 09" E a distance of 657.91 feet more or less, to the NW Corner; thence N 89 degrees 52' 27" E a distance of 663.32 feet more or less, to the NE Corner; thence S 1 degree 11' 12" W a distance of 656.18 feet more or less, to the SE Corner; thence S 89 degrees 44' 27" W a distance of 661.05 feet more or less, to the POINT OF BEGINNING.

District 5, Roll # 003564, Lincoln County, Nevada Records

- 4. Theo I. Ralston ("the decedent") was one of the Grantees, named 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 mother.
- 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, Steven A. Ralston, as sole owner.

DATED this the 16 day of November, 2011.



 Affiant

SUBSCRIBED AND SWORN to before me on this 16 day of November, 2011 by Steven Alan Ralston.



 Notary Public



0139918

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DEPARTMENT OF HUMAN RESOURCES
LTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2011016439
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Theo Irene RALSTON			2. DATE OF DEATH (Mo/Day/Year) October 14, 2011		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) St Rose Dominican Hospital, Sierra Campus		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient		4. SEX Female
5. RACE White (Specify)	6. Hispanic Origin? Specify (No) Non-Hispanic	7a. UNDER 1 YEAR (MOS) DAYS	7b. UNDER 1 DAY (HOURS) MIN	8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1942		
9a. STATE OF BIRTH (if not U.S.A., name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Campus Monitor		14b. KIND OF BUSINESS OR INDUSTRY School District		12. SURVIVING SPOUSE (If wife, give maiden name) Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Henderson		15d. STREET AND NUMBER 374 Manzanita Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) William EDWARDS			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Ethel RHODES			
18a. INFORMANT - NAME (Type or Print) Timothy PHARES			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 477 N.E. Yamhill Street Willamina, Oregon 97396			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR (Signature of Person Acting As Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50	20c. NAME AND ADDRESS OF FACILITY Palm Mortuary Eastern 7600 S Eastern Las Vegas NV 89123			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED FAWAD AHMED MD						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) stated. (Signature & Title)
21b. DATE SIGNED (Mo/Day/Yr) October 19, 2011		21c. HOUR OF DEATH 22:34		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) FAWAD AHMED MD 2600 S. Rainbow Blvd. Las Vegas, NV 89128					23b. LICENSE NUMBER 9524	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 20, 2011		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) Cardiopulmonary arrest						
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Acute myelogenous leukemia						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
DUE TO, OR AS A CONSEQUENCE OF:						
(d)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I					26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	28c. HOUR OF INJURY	28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY, At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

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: OCT 21 2011