

Official Record

Recording requested By
SUNDVICK LEGACY CENTER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: AE

Book- 271 Page- 0319

APN: 013-042-41

Recording Requested

Sundvick Legacy Center
871 Coronado Center Drive Ste 200
Henderson, NV 89052



0141166

Mail Tax Statements

to and When Recorded Return to:

Ted Price
305 Westoe Road
Richmond, VA 23229

AFFIDAVIT TERMINATING JOINT TENANCY

I, FTed Price, being of legal age, being first duly sworn, deposes and says:

1. That Kenneth M. Price died on November 7, 2007. A copy of the Certificate of Death is attached hereto and incorporated herein by reference.
2. That Affiant, Ted Price, is the Executor of the Estate of Jane Price, who died on December 27,2010, the person named as Joint Tenant, one of the Grantees in that certain Deed recorded December 14, 1994,as document No. 102403 of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. That Kenneth M. Price, decedent is the same person as Kenneth M. Price, named as one having an undivided 1/2 interest in that certain document referenced above, and affecting the following-described real property situated in the County of Clark, State of Nevada:

Legal Description: See Attached Exhibit A

VERIFICATION

I declare under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

Dated: This 6th day of April, 2012


Ted Price, Executor

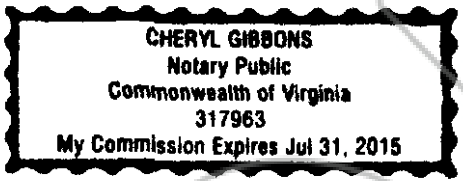
Ted Price

STATE OF VIRGINIA)
) ss.
COUNTY OF Henrico)

Sun Trust Bank
1131 Gaskins Rd,
State of

IN WITNESS WHEREOF, I hereunto set my hand and official seal at Virginia, in the
County of Henrico and the State of Virginia, this 6th day of April, 2012, this
instrument was acknowledged before me by Ted Price.

[Seal]



Cheryl Gibbons
Notary Public, in and for said County and
State



EXHIBIT A

Lots 40, 41, 42, 43, 44, 45 and 46 in the Richland Knolls Subdivision being a subdivision of the North Half of Section 3, Township 3 South, Range 67 East, M. D. B & M. Lincoln County, Nevada



0141166

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2007010506
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

Form containing fields for: 1a. DECEASED-NAME FIRST, MIDDLE, LAST; 2. DATE OF DEATH; 3a. COUNTY OF DEATH; 3b. CITY, TOWN, OR LOCATION OF DEATH; 3c. HOSPITAL OR OTHER INSTITUTION; 5. RACE; 6. Was Decedent of Hispanic Origin; 7a. AGE; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH; 9a. STATE OF BIRTH; 9b. CITIZEN OF WHAT COUNTRY; 10. EDUCATION; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; 12. SURVIVING SPOUSE; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION; 14b. KIND OF BUSINESS OR INDUSTRY; 15a. RESIDENCE - STATE; 15b. COUNTY; 15c. CITY, TOWN OR LOCATION; 15d. STREET AND NUMBER; 15e. INSIDE CITY LIMITS; 16. FATHER - NAME; 17. MOTHER - NAME; 18a. INFORMANT - NAME; 18b. MAILING ADDRESS; 19a. BURIAL, CREMATION, REMOVAL, OTHER; 19b. CEMETERY OR CREMATORY NAME; 19c. LOCATION; 20a. FUNERAL DIRECTOR SIGNATURE; 20b. FUNERAL DIRECTOR LICENSE; 20c. NAME AND ADDRESS OF FACILITY; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated; 21b. DATE SIGNED; 21c. HOUR OF DEATH; 21d. NAME OF ATTENDING PHYSICIAN; 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; 22b. DATE SIGNED; 22c. HOUR OF DEATH; 22d. PRONOUNCED DEAD; 22e. PRONOUNCED DEAD AT; 23a. NAME AND ADDRESS OF CERTIFIER; 23b. LICENSE NUMBER; 24a. REGISTRAR SIGNATURE; 24b. DATE RECEIVED BY REGISTRAR; 24c. DEATH DUE TO COMMUNICABLE DISEASE; 25. IMMEDIATE CAUSE; 26. AUTOPSY; 27. WAS CASE REFERRED TO CORONER; 28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVT. - (Specify); 28b. DATE OF INJURY; 28c. HOUR OF INJURY; 28d. DESCRIBE HOW INJURY OCCURRED; 28e. INJURY AT WORK; 28f. PLACE OF INJURY; 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: MAR 15 2012



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2010019886
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) Jane PRICE		2. DATE OF DEATH (Mo/Day/Year) December 27, 2010		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 Siena Campus		3d. 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. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 14, 1921		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Teacher		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 2520 Wigwam Parkway #111		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Charles SMITHWICK	
17. MOTHER - NAME (First Middle Last Suffix) Ruby SPENCER		18a. INFORMANT- NAME (Type or Print) Ted PRICE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 305 Westoe Road Richmond, Virginia 23229	
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 (Or 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	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROSNER LUSS MD SIGNATURE AUTHENTICATED			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) January 03, 2011		21c. HOUR OF DEATH 18:02		22b. DATE SIGNED (Mo/Day/Yr)	
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) ROSNER LUSS MD 1621 E. Flamingo Road Las Vegas, NV 89119				23b. LICENSE NUMBER 8699	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 05, 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					
Respiratory failure Interval between onset and death					
(a) DUE TO, OR AS A CONSEQUENCE OF:					
Acute myocardial infarction Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
Interval between onset and death					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
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

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Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics
By: *[Signature]*
Date Issued: **JAN 07 2011**

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