DOC # 0141166

3/11/2012 [[]

02:37 PM

Official Record

Recording requested By SUNDVICK LEGACY CENTER

Lincoln County - NV
Leslie Boucher - Recorder
Fee: \$18.00 Page 1 of 5

Fee: \$18.00 Page 1 of 5
RPTT: Recorded By: AE

Book- 271 Page- 03



APN: 013-042-41

Recording Requested

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

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 ______, 2012

Ted Price. Executor

| Ledfriel | |
|--|---|
| STATE OF VIRGINIA) COUNTY OF Henrico | Sun Trust Bank 1131 Gaskins Rd, State of |
| IN WITNESS WHEREOF, I hereunto set my hand County of Hongico and the State of Virginstrument was acknowledged before me by Ted P | ginia, thisday of \(\frac{1012.}{2012.} \), in the |
| [Seal] CHERYL GIBBONS Notary Public Commonwealth of Virginia 317963 My Commission Expires Jul 31, 2015 | 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



RTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — VITAL STATISTICS

| nya II. ip | | | | | | | | | |
|--|---|--|--------------------------------------|------------------|--|--|-----------------|---------------------------------------|--|
| | # (4 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 년 | | CERTIFICATE (| OF DEA | TH | I | 200701 | | |
| TYPE OR | 1a, DECEASED-NAME FIRST | 1b. MIDDLE | 1c. LAST | | 12. DATE C | ST/ OF DEATH (Mo/Day/Ye | TE FILE NU | OUNTY OF DEA | ATH I |
| PRINT IN PERMANENT | Kenneth | Marion | PRICE | | 1 | vember 17, 2007 | | Clark | |
| BLACK INK | 3b. CITY, TOWN, OR LOCATION | OF DEATH 3c. HOSPITAL O | R OTHER INSTITUTION -Na | me(If not sithe | er, give street | 3e.If Hosp. or Inst. inc | cate DOA,O | | |
| | Boulder City | and number) Nevad | a State Veterans Hom | e Boulder | olity and P | npatient(Specify) | \ \ | | Male |
| DECEDENT | 5 RACE (e.g. White, Black, 6 | Was Decedent of Hispanic O | moin? No list | AGELLast | 7b UNDE | R 1 YEAR 70 UNDER | 1 DAY 8 D | ATE OF BIRTH | (Mo/Day/Yr) |
| | American Indian) (Specify) If White | yes, specify Mexican, Cuban. Non-hi | Puerto Rican, etc | day (Years) | 87 MOS | DAYS HOURS | MINS | November 0 | - 1. |
| IF DEATH | 9a STATE OF BIRTH (If not U.S.A. | 96 CITIZEN OF WHA | COUNTRY 10 EDUCATION | 11 MARRIE | D, NEVER MAR | RIED, WIDOWED, | 12 SURVIV | /ING SPOUSE (i | f wife, give |
| OCCURRED IN INSTITUTION | name country) Idaho | United Sta | tes 16 | DIVORCED (| Specify) | Married | maiden nan | Jane SMITI | -IWICK |
| SEE HANDBOOK REGARDING | 13 SOCIAL SECURITY NUMBER | 14a USUAL OCCUPA Life, Even if Retired) | TION (Give Kind of Work Dor | e During Most | of Working | 146 KIND OF BUSIN | ESS OR INC | DUSTRY | |
| COMPLETION OF | | | Self Empl | | : - | | Grocery | | |
| 기타 (TEMS | TE RESIDENCE - STATE 15 | SE COUNTY | 15c CITY, TOWN OR LOCA | | 5d, STREET A | The state of the s | | . LIMIT: | NSIDE CITY S (Specify Yes or Yes |
| | ii Nevada | Clark | Henderson | | 2685 Dulcin | | | Na) | Yes |
| PARENTS | 16. FATHER - NAME (First Middle | • | · · · | : 117. MOTH | ER - NAME (FI | irst Middle Last Suffi | | · \ | <u> </u> |
| PARLITIO | 18a INFORMANT- NAME (Type or | Cecil PRICE | 18b. MAILING ADDRE | SS (Street o | or R.E.D. No. Ci | Lila STE\ ty or Town, State, Zip) | /EN2 | - · | |
| | Jane F | | IOD. WAILING ADDICE | | The state of the s | re Henderson, Ne | T 1 | | |
| 🔐 🚟 | 19a BURIAL, CREMATION, REMO | | L CEMETERY OR CREMATOR | 2 | aktisaan. | | TION Cit | 7% | ate |
| 7th E Y | Cremation | | all Souther Hills to | t Cremator | y | | | s Nevada 89 | \ |
| DISPOSITION | 20a FUNERAL DIRECTOR SIGN | and with the first terms of the second | Such) 20b FUNLIRAL I. | Jack | | DRESS OF FACILITY | | 1-:-:- | |
| | MARCIV | V BROOKS | DIRECTOR ICEN | ISHERII: "HE | | Neptune | • | NU 00404 | - |
| | SIGNATU: TRADE CALL NAME AND ADDRE | RE AUTHENTICATED | 612 | | 85 | 70 Del Webb Blvd | Las vegas | NV 89134 | |
| TRADE CALL | | | | 1 | | | | | |
| anguas IIIII IIIXII | ਨ > 21a To the best of my kno | wiedge, death occurred at the greature & fitte) SIGNATUR | time, date and place and due | ≥ 22a. C | n the basis of e | xamination and/or inve | sligation, in r | my opinion deati Signatura & Title | n occurred at |
| | INN CRAIG | MICHAEL JORGE | ISON M.D. | 0 0 0 | | | 1 4 | 1.1 | <u> </u> |
| | ਰ 216 DATE SIGNED (Mo/L 5 % November 22, 200 | | OF DEATH | E 9 220. C | ATE-SIGNED (| Mo/Day/Yr) | 22c HOU | R OF DEATH | Ţ. |
| WERTIFIER | STA NAME OF ATTENDIN | NG PHYSICIAN IF OTHER TH | 18:15 = | B 2 22d F | PONOLINCED | DEAD (Mo/Day/Yr) | 1 / | NOUNCED DEAL | TuoH0 I A C |
| | (Type of Print) | TOTAL SICIAL STATE OF THE | AU CONTILLY | 287 | NONGONCES | DONB (MO/Ddy/1) | | | , , , , , , |
| | 23a NAME AND ADDRESS OF CL | | | | OP CORONER | R) (Type or Print) | 23b LI | ICFNSE NUMBE | R |
| | ==_ | 4011 Mc | ieod Las Vegas, NV | | 40612ta | | | 9529 | |
| | 24a REGISTRAR (Signature) | SUSAN ZAI | NNIS III | D.DATE RECE | FIVED BY REC | ISTRAR 24c. D | | TO COMMUNICA | _ [1 |
| | | SIGNATURE AUTHEN | | | lovember 20 | | YES _ | <u> </u> | |
| CAUSE OF DEATH | 25 IMMEDIATE CAUSE : PAR1 (a) Parkinsor | I (EINTER ONLY ONE CA 1'S | USE PER LINE FORMAL (b). | (c) | | . inter | | onset and death | |
| | DUE TO, OR A | S A CONSEQUENCE OF | | +-+ | | | | onset and death | |
| CONDITIONS IF ANY WHICH GAVE RISE TO | (b) | 1 201102 0 | | | | | rai battioen | Silber and dodin | |
| IMMEDIATE TO | | S A CONSEQUENCE OF | | 4 | | Inter | | quset and death | |
| STATING THE | (c) | | | 产量地 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 7 7 7 | |
| CAUSE LAST | PART OTHER SIGNIFICAN | T CONDITIONS-Conditions or | onlinbuting to death but not re | sulting in the u | nderlying cause | given in Part 1: 26. At Yes o | JTOPSY (Sp | ecify 27 WAS CA | SF REFERRED F FR (Specify Yes |
| 11/1111 13/11 | I : | | 1.5.7 | | | | Mo Mo | nr No) | No " |
| / / | 28a ACC , SUICIDE, HOM , UNDET (OR PENICING INVEST. (Specify) | 28b DATE OF INJURY (Mo/D | ay/Yr) 28c HOUR OF INJU | HY 28d DESC | CRIBE HOW IN | JURY OCCURRED | | | |
| | 30. (NIIIIDY AT WOOK (P | 201 BLACE OF BUILDY | man form stead for the con- | 10-100 | ATION P | TREET OR R F O No | OTV CO | TOWN | STATE |
| | Yes or No) | 28t PLACE OF INJURY- At he building, etc. (\$pecify) | яне, тапп, ѕиеет, тастогу, опк ШШ | e 28g LOC | | INCELOUGED NO | CITY OR | V LEANIN | i |
| | | | | | | | | | |
| UC TO THE TOTAL TO | | | STATER | EGISTRA | r i i i i i i i i i i i i i i i i i i i | | | - | -17 |
| | N.C. | 1 / | " | outfulle. | | | | | - |

/ /

"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.

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued:

MAR 15 2012

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

P5/11/2012

Sage Sources DIVISION OF HEALTH VITAL STATISTICS

| 1 7/07 40 | CERTIFICATE OF DEATH | | | | | 2010019886 STATE FILE NUMBER | | | | | |
|--|--|-------------------------------------|--|---|------------------------------------|---|-------------------------|--|--|--|--|
| TYPE OR PRINT IN | 1a DECEASED-NAME (FIRST, MIDDLE | ,LAST,SUFFIX) | | | 2 DATE | OF DEATH (Mo/0 | Day/Year) | 3a COUNTY OF D | EATH | | |
| PERMANENT BLACK INK | Jane PRICE | | | - | L | ecember 27, 2 | - 1 | 10000 | irk : | | |
| BLACK INK | 3b CITY, TOWN, OR LOCATION OF D Henderson | and numb | | | | 3e if Hosp, or Ins Inpatient(Specify | | A,OP/Emer. Rm :: | i 4. SEX Female | | |
| DECEDENT | 5. RACE White | | 6. Hispanic Origin? Specify | 7a. AGE-Last | | ER 1 YEAR 7c. U | | 8. DATE OF BIRT | | | |
| | (Specify) | | No - Non-Hispanic | birthday (Yea | | DAYS HOL | JRS MINS | October | 14, 1921 | | |
| IF DEATH OCCURRED IN INSTITUTION | 9a. STATE OF BIRTH (If not U.S.A., name country) California | | WHAT COUNTRY 10.EDUC | محسحية شاها | RIED, NEVER MA ED (Specify) Wid | RRIED, WIDOWE lowed | | RVIVING SPOUSE (name) | if wife, give | | |
| SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS | 13. SOCIAL SECURITY NUMBER | 14a. USÚAL OC Working Life, E | CCUPATION (Give Kind of We ven if Retired) | prk Döne During N acher | Nost of 14b. F | KIND OF BUSINES Edu | ss or indus ication | | in US Armed es? No | | |
| | 15a, RESIDENCE - STATE 15b, CC Nevada | OUNTY Clark | 15c CITY, TOWN OF Hende | | 15d STREET | and number vam Parkway | #111 | | INSIDE CITY TS (Specify Yes D) Yes | | |
| PARENTS | 16. FATHER - NAME (First Middle La | | | | | First Middle Las | | -R | 5904.0100000. | | |
| 的。 | 18a INFORMANT-NAME (Type or Prin Ted PRIC | t) | 18b. MAILING A | | | City or Town, Stat ad Richmond | e, Zip) | | | | |
| DISPOSITION | 19a. BURIAL, CREMATION, REMOVAL Cremation | OTHER (Specify | 19b. CEMETERY OR CRE | MATORY - NAME Palm Cremai | | 190 | LOCATION | City or Town 4/ | No. | | |
| : | 20a. FUNERAL DIRECTOR - SIGNATU BART BU | RTON | DIRECTOR | LICENSE | 20c. NAME AND A | | Mortuary-E | | | | |
| <u> </u> | SIGNATURE | UTHENTICAT | eo para di di | 30 | | 7600 S Easte | m Las Veg | as NV 89123 | <u>rest tellede i li</u> | | |
| RADE CALL | TRADE CALL. NAME AND ADDRESS 21a. To the best of my knowledge 2 oue to the dause(s) stated. (Sign | ature & Title) 💲 | IGNATURE AUTHENTICA | | | | | on, in my opinion de ated. (Signature & T | | | |
| CERTIFIER | 호텔 Z1b. DATE SIGNED (Mo/Day/Yr) 경일 January 03, 2011 | SNER LUS: | HOUR OF DEATH 18:02 | G S S S S S S S S S S S S S S S S S S S | DATE SIGNED | (Mo/Day/Yr) | 22 c. | HOUR OF DEATH | | | |
| <u> </u> | 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 22d. PRONOUNCED DEAD (Mo/Day/Yr) (Type or Print) | | | | | | | | | | |
| į t | | | , ATTENDING PHYSICIAN, N 1621 E. Flamingo R | oad Las Vega | as, NV 89119 | 17% | | 3699 8699 | | | |
| REGISTRAR | | | HARRINGTON THENTICATED | (Mo/Day/Yr) | ECEIVED BY RE- January 0: | No. The | 4c. DEATH DI YES | UE TO COMMUNIC | X SEE DISEASE | | |
| CAUSE OF DEATH | PART I (a) Respiratory fa | ilure | AUSE PER LINE FOR (a), (b) |), AND (c)) | | \sim | | Interval between | onset and death | | |
| CONDITIONS IF | DUE TO, OR AS A CO | | | | | | | Interval between | onset and death | | |
| ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> | DUE TO, OR AS A CO | NSEQUENCE OF | | Till of the second | | | | Interval between | onset and death | | |
| STATING THE UNDERLYING CAUSE LAST | DUE TO, OR AS A CO | | *************************************** | | | | | Interval between | onsel and death | | |
| _ / | PART II OTHER SIGNIFICANT CONDI | TIONS-Condition | s contributing to death but not | resulling in the u | nderlying cause g | iven in Part 1. | 26. AUTOI (Specify Y | PSY 27. WAS TO COR NO. | CASE REFERRED ONER (Specify Yes) | | |
| ľ | 286. ACC., SUICIDE, HOM., UNDET. 28b D OR PENDING INVEST. (Specify) | ATE OF INJURY (M | Day/Yr) 28c. HOUR OF I | NJÚRY - 28d. DE | SCRIBĖ HOW INJŪI | Y OCCURRED | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | |
| | | LACE OF INJUR ng, etc. (Specify) | Y- At home, farm, street, facto | ry, office 28g. L | OCATION : | STREET OR R F I |) Na. CIT | TY OR TOWN | STATE | | |
| 357 | | | STA | TE REGISTR | RAR | | | | | | |

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: Date Issued:

Date Issued: IAN 07 2011