

A.P.N.: 001-192-27
File No: 116-2431517 (CV)



0141993

When Recorded return to, and mail Tax Statements to:
H.C. Fikes
Po Box 122
Pioche, NV 89043

AFFIDAVIT - TERMINATING JOINT TENANCY

H.C. Fikes, of legal age, being first duly sworn, deposes and says:

That **Dolores Fikes**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Dolores Fikes** named as one of the parties in that certain **Joint tenancy Deed** dated **November 20, 1998** executed by **Franklin I. Apodaca and C.E. Apodaca, husband and wife, and Phillips Apodaca, a single man to H.C. Fikes and Dolores Fikes, husband and wife as joint tenants with the right of survivorship** as joint tenants, recorded as Document No. **111942** on **December 1, 1998** in Book **138** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

PARCEL 5C AS SHOWN ON THAT CERTAIN PARCEL MAP FOR WILLIAM D. AND CORRINE HOGAN RECORDED IN THE OFFICE OF THE LINCOLN COUNTY RECORDER, IN BOOK A, PAGE 396, LOCATED IN A PORTION OF THE SW1/4 OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. & M.

Alyson Long 8/25/12
Date

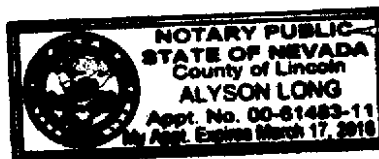
STATE OF **NEVADA**)
) :SS.
COUNTY OF Lincoln)

This instrument was acknowledged before me on 8/25/12 by

H.C. Fikes

Alyson Long
Notary Public

(My commission expires: March 17, 2014)





DEPARTMENT OF HUMAN RESOURCES
— SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Eva Dolores FIKES		2. April 14, 2006		3a. Clark			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Am. Inpatient (Specify)		SEX	
3b. Las Vegas		3c. Nathan Adelson Hospice - West		3e. Inpatient		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify [] yes [X] no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6. [] [X]		7a. 74		8. Apr 12, 1932	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Texas		9b. U.S.A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Pioche		15d. S. W. Corner of Franks & Free	
INSIDE CITY LIMITS (Specify Yes or No)		15e. No					
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. William Walker		17. Ruby Sumners					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Homer C. Fikes - Husband		18b. P. O. Box 122, Pioche, Nevada 89043					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Paradise Memorial Gardens		19c. Las Vegas, Nevada			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Director)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 50		20c. 7600 S. Eastern Ave., Las Vegas, Nevada 89123			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)					
21b. 4/17/2006		21c. 7:54 PM		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON		22e. PRONOUNCED DEAD (Mo., Day, Yr.)		22e. AT	
23a. Eugene Guerrero MD 3391 N Buffalo Las Vegas Nevada 89128		23b. LICENSE NUMBER		23b. 10946			
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. APR 18 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) METASTATIC Non-Small Cell Lung Cancer		Interval between onset and death					
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death					
(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
28. No		27. Yes					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 333932

"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 Clark County 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 CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: [Signature]
Date Issued: APR 20 2006

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573