

Official Record

Recording requested By
NEEDHAM LAW FIRM

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$42.00 Page 1 of 4
RPTT: Recorded By AE
Book- 275 Page- 0041



APN 013-150-21

APN 013-150-29

APN 013-150-31

Affidavit of Death and Removal of Joint Tenant

Title of Document

Affirmation Statement

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. 9Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

(State specific law)

Signature

Attorney For Karen Willis

Title

DBA NEEDHAM LAW FIRM
EVAN S. NEEDHAM
3215 W CHARLESTON BLVD., STE. D
LAS VEGAS, NV 89102-1983

Signature

Date

10/24/12

Grantees address and mail tax statement:

Mr. NELSON WAHS

182 Lopper Rock St.

Henderson, Nv. 89012



APN: 013-150-21
APN: 013-150-29
APN: 013-150-31

Affidavit of Death and Removal of Joint Tenant

1. I, Karen Willis, being under oath, state that John Willis, Karen Willis (myself), and Nelson Watts became owners of real properties located in Caliente, Nevada (legally set forth below). These parties held title as joint tenants with right of survivorship.

PARCEL: Parcel 1A of Parcel Map for Bill Oesterle and Shirlee Hansen Recorded August 19, 2002 in Plat Book B, Page 444 as File No. 118682 lying within the Southeast Quarter (SE 1/4) of Section 10, Township 3 South, Range 67 East, M.D.B. & M., Lincoln County, Nevada. See also APN: 013-150-21 and document#122280).

PARCEL: That Portion of Sections 10 and 15 Township 3 South, Range 67 East, MDB & M, Described as Follows: Parcel 2, as Shown by Map on File in Book C, of Parcel Maps, Page 205, File Number 126529 in the Office of the County Recorder of Said Lincoln County, Nevada. See also APN: 013-150-29 and document #126951).

PARCEL: An easement incidental to the above parcel(s), shown by Map on File in Book C, of Parcel Maps, Page 205, File Number 126529 in the Office of the County Recorder of Said Lincoln County, Nevada. See also APN: 013-150-30 and 013-150-31.

2. On 02-23-12, John Willis deceased. Upon his death, John Willis' interests on the properties (described above) became removed and vested solely in the remaining joint tenants (Karen Willis and Nelson Watts). See Exhibit A: death certificate of John Willis filed with the State of Nevada, Department of Human Resources (file#2012002827).

Karen Willis
Karen Willis (print)

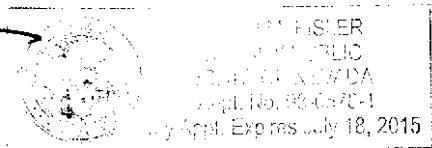
Karen Willis
Karen Willis (sign)

10/23/2012
Dated

STATE OF NEVADA }
 } ss
COUNTY OF CLARK }

On 23 October 2012, the undersigned notary declares that Karen Willis (whose name is signed above) appeared before me and acknowledged that execution of the above deed. Witness my hand and official seal.

Dawn M. Fisher
Notary Public (signature)



WHEN RECORDED MAIL TO:
Mr. Nelson Watts
182 Copper Rock St.
Henderson, Nv 89012



APN: 013-150-21
APN: 013-150-29
APN: 013-150-31

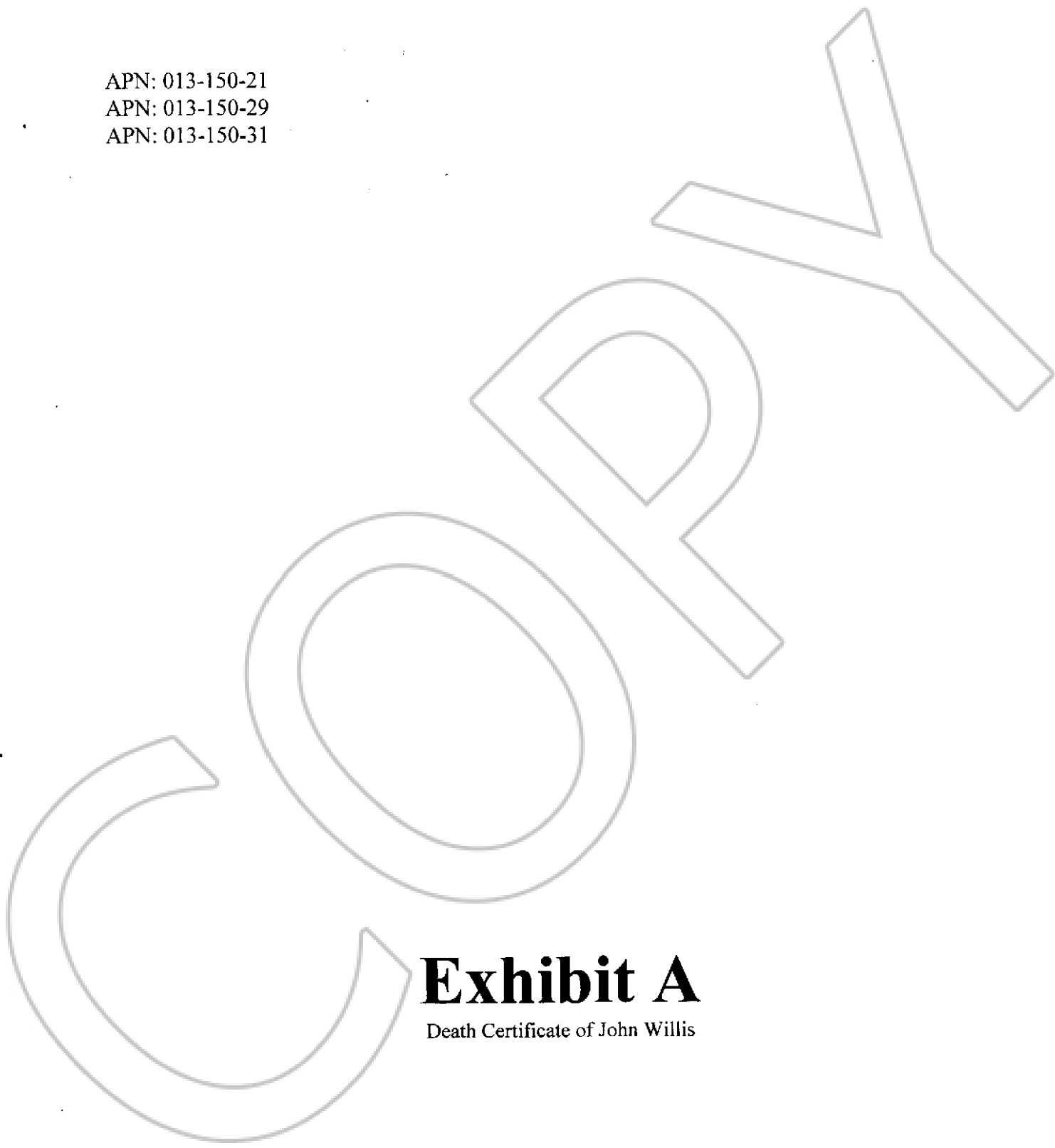


Exhibit A
Death Certificate of John Willis



0142148

Book 275

10/29/2012

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**DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS**

CERTIFICATE OF DEATH

2012002827

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) John Marion WILLIS		2. DATE OF DEATH (Mo/Day/Year) February 23, 2012		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Nathan Adelson Hospice NW		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		6. Hispanic Origin? Specify: No - Non-Hispanic		7. AGE-Last birthday (Years) 71	
5. RACE White (Specify)		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 14, 1940		9a. STATE OF BIRTH (If not U.S.A., name country) Michigan		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Karen LYTLE	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Driver		14b. KIND OF BUSINESS OR INDUSTRY Transportation	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION North Las Vegas	
15d. STREET AND NUMBER 5200 Styers Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John Marion WILLIS SR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) SCHULTZ		18a. INFORMANT- NAME (Type or Print) Karen WILLIS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5200 Styers Street North Las Vegas, Nevada 89031	
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-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131	
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) LISA MARIE LYONS 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) February 27, 2012		21c. HOUR OF DEATH 08:34		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) LISA MARIE LYONS MD 3391 N Buffalo Las Vegas, NV 89129		23b. LICENSE NUMBER 9476	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 2012		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) End stage cardiac disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Coronary artery disease					
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. Rhabdomyolysis metabolic acidosis				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

AKA: John Marion WILLIS JR

"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

VRS-Rev-20110104

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:

Date Issued:

MAR 01 2012