APN 13-042-05 APN_____ APN 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, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030) 1, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: (State specific law)

Grantees address and mail tax statement:

DOC # 0142793 Record Recording requested By JEARLD L. HAFEN Lincoln County - NV – Recorder Leslie Boucher Page 1 of 3 Fee: \$16.00 Recorded By: LB Book- 277 Page-0120

AFFIDAVIT TERMINATING JOINT TENANCY

State of Nevada)
) ss.
County of Lincoln)

Dora Lou Hafen being first duly sworn, deposes and says that affiant is over the age of 80 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the wife and widow of the person named Keith Hafen, one of the grantees in that certain deed recorded on the 27th day of March 1978, as Document No. 61677 in Book 25, Page 9, in the office of the County Recorder of Lincoln County, Nevada.

That Keith Hafen was one of the grantees named in said deed and was the identical person named as Keith Hafen, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Subscribed and sworn to before me this

17th day of January, 2013

Notary Public in and for said County and State

FEREMY MADSEN tary Fublic State of Nevada No. 09-10020-1 My appt. exp. iAay 11, 2013

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STATE REGISTRAR

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No226828

CITY OR TOWN

"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.

LOCATION

DESCRIBE HOW INJURY OCCURRED

STREET OR R.F.D. No.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

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

By: Date Issued:

NOV 19 202

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