

Official Record

Recording requested By
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: LB

Book- 278 Page- 0122

A.P.N.: 002-073-23
File No: 116-2444557 (dp)



0142987

When Recorded return to, and mail Tax Statements to:

Donna M. Oldham
5415 Mesa Verde Ct.
Las Vegas, NV 89142

AFFIDAVIT - TERMINATING JOINT TENANCY

Donna M. Oldham, of legal age, being first duly sworn, deposes and says:

That **William G. Oldham**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **07/01/2005** executed by **Lawrence D. Stevenson and Peggy J. Stevenson** to **William G. Oldham and Donna M. Oldham, husband and wife** as joint tenants, recorded as Document No. **124941** on **07/29/2005** in Book of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

LOTS 88 AND 89 OF SUN GOLD MANOR UNIT NO. 1 SUBDIVISION, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON SEPTEMBER 30, 1952, AS FILE NO. 27842.

Donna M. Oldham

Donna M. Oldham

Date

STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **CLARK**)

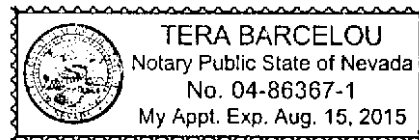
This instrument was acknowledged before me on
3/27/13 by

Donna M. Oldham

[Signature]

Notary Public

(My commission expires: Aug 15 2015)



Tera Barcelou
8-15-15



DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME 1. William Glen OLDHAM			DATE OF DEATH (Month, Day, Year) 2. September 27, 2007		
DECEDENT	CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Mountainview Hospital		If Hosp. or Inst. indicate OOA, OP/Emer. Rm, Inpatient (Specify) 3a. Emergency Room	SEX 4. Male
	RACE—(a.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. 6.	AGE—Last Birthday (Years) 7a. 63	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. August 31, 1944
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Kentucky	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 16+	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Donna M. Mattern	
	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Social Worker		KIND OF BUSINESS OR INDUSTRY 14b. Military	
PARENTS	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Clark	CITY, TOWN, OR LOCATION 15c. Las Vegas		STREET AND NUMBER 15d. Gentry 675	INSIDE CITY LIMITS (Specify Yes or No) 15e. NO
	FATHER—NAME First Middle Last 16. Floyd Lester Oldham			MOTHER—MAIDEN NAME First Middle Last 17. Pauline Sutherland		
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Donna M. Oldham		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 675 Gentry, Panaca, Nevada 89042			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation	CEMETERY OR CREMATORY—NAME 19b. NV Funeral Service - NV Cremation or Burial Society	LOCATION City or Town State 19c. Las Vegas, Nevada			
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 41	NAME AND ADDRESS OF FACILITY (Specify) 20c. NV Funeral Service - NV Cremation or Burial Society 2983 Fremont St, Las Vegas, Nevada 89104			
CERTIFIER	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) <i>[Signature]</i>			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) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) 21b. 10/5/07	HOUR OF DEATH 21c. 08:40 A.M.		DATE SIGNED (Mo., Day, Yr.) 22b.	HOUR OF DEATH 22c.	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.			PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		
	21e.			PRONOUNCED DEAD (Hour) 22e. AT		
CAUSE OF DEATH	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Dr. Russell Clark M.D. 3100N. Tenaya, Las Vegas, Nevada 89128			LICENSE NUMBER 23b. 10404		
	REGISTRAR 24a. (Signature) <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. Oct 11 2007		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Auto Cardipulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death				
(b)	Interval between onset and death					
(c)	Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY 26. No	(Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c.	DESCRIBE HOW INJURY OCCURRED 28d.			
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION. 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

STATE REGISTRAR

No. 358964

"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: **OCT 11 2007**