

Official Record

Recording requested By
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 278 Page- 0239

A.P.N.: 004-031-21
File No: 119-2436760 (BM)



0143036


When Recorded return to, and mail Tax Statements to:
Daniel Hooge, Public Administrator of the estate of John
Allen McBirney, deceased

AFFIDAVIT - TERMINATING JOINT TENANCY

Daniel Hooge, Public Administrator of the estate of John Allen McBirney, deceased, of legal age, being first duly sworn, deposes and says:

That **Myrtle L. McBirney**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Myrtle L. McBirney** named as one of the parties in that certain **Joint Tenancy Deed** dated **August 29, 1995** executed by **Myrtle L. McBirney and Dorothy L. York** to **Daniel Hooge, Public Administrator of the estate of John Allen McBirney, deceased and Myrtle L. McBirney** as joint tenants, recorded as Document No. **103970** on **September 13, 1995** in Book **115** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

ALL THAT PROPERTY SITUATE IN LOT 2 OF BLOCK 44 EXCEPTING THEREFROM THAT PROPERTY COMMENCING AT THE NORTHWEST CORNER OF LOT 2 IN BLOCK 44 THENCE EAST 167.5 FEET TO THE TRUE POINT OF BEGINNING THENCE CONTINUING EASTERLY 80 FEET; THENCE SOUTH 125 FEET; THENCE WEST 80 FEET; THENCE NORTH 125 FEET TO THE TRUE POINT OF BEGINNING.



Daniel Hooge, Public Administrator Date
of the estate of John Allen
McBirney, deceased

Certificate of Acknowledgment of Notary Public
on following page



0143036

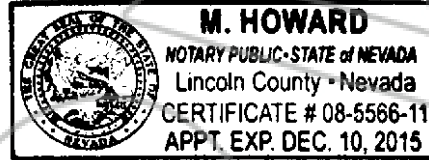
Book 278
Page 240

04/30/2013
Page: 2 of 3

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

This instrument was acknowledged before me on
4/23/13 by Daniel M. Hoge as
Public Administrator for the estate
of John Allen McBurney.

M. Howard
Notary Public
(My commission expires: Dec. 10, 2015)



Certificate of Acknowledgment of Notary Public
for Affidavit - Terminating Joint Tenancy
under Escrow No. 119-2436760

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

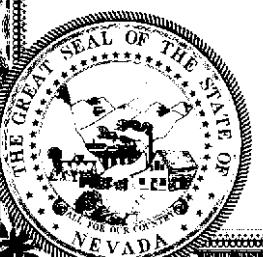
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

000093

96 000377

TYPE OR PRINT IN PERMANENT BLACK INK
PRECEDENT
DATE OF DEATH OCCURRED IN INSTITUTION (Specify in Handbook Regarding Completion of Certificate Items)
MENTS
POSITION
CERTIFIER
CONDITIONS ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OR THE UNDERLYING CAUSE LAST
USE OF DEATH

LOCAL FILE NUMBER 000093			STATE FILE NUMBER 96 000377		
DECEASED—NAME First Middle Last 1. Myrtle L. MC BIRNEY			DATE OF DEATH (Month, Day, Year) 2. Jan 9, 1996		COUNTY OF DEATH 3a. Clark
CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Valley Hospital		If Hosp. or Inst. indicate DOA, OP/Emer. Am. Inpatient (Specify) 3e. Inpatient /	SEX 4. Female
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		AGE—Last Birthday (Years) 7a. 83	UNDER 1 YEAR MOS : DAYS 7b.
STATE OF BIRTH (If not U.S.A., name country) 9a. Iowa		CITIZEN OF WHAT COUNTRY 9b. U.S.A.		DATE OF BIRTH (Mo., Day, Yr.) 8. March 17, 1912	
SOCIAL SECURITY NUMBER 13. [REDACTED]		DECEDENT'S EDUCATION. Specify highest grade completed. 10. 8		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Alamo		STREET AND NUMBER 15d. 83 North 1st Street
FATHER—NAME First Middle Last 16. J. W. La Rue		MOTHER—MAIDEN NAME First Middle Last 17. Maggie Root		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
INFORMANT—NAME (Type or Print) 18a. Dorothy York - Daughter			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. Post Office Box 568, Douglas, WY 82633		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Removal		CEMETERY OR CREMATORY—NAME 19b. Douglas Park Cemetery		LOCATION City or Town State 19c. Douglas Wyoming	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 27	NAME AND ADDRESS OF FACILITY 20c. Palm Mortuary 05 1325 N. Main St., Las Vegas, Nevada 89101		
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> DATE SIGNED (Mo., Day, Yr.) 9 Jan 96			21c. HOUR OF DEATH 1:47 AM		
21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jerald Malone			21d. ON		
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Jerald Malone, M.D. 2320 East McDaniel Street North Las Vegas Nevada 89030			21e. AT		
23a. REGISTRAR 24a. (Signature) <i>[Signature]</i>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 10 1996		LICENSE NUMBER 23b. 3581
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PART I (a) Cardio-respiratory arrest DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 0		
PART I (b) Unresolved heart failure DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death 2 min		
PART I (c) Coronary artery disease DUE TO, OR AS A CONSEQUENCE OF:			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 (Specify Yes or No) 26. No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	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
CERTIFIED COPY OF VITAL RECORDS

No. 88491

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **MAR 29 2013**

[Signature]
STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

