

APN # 00624110



0143559

Recording Requested by and Return to:

Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117
78632393
recorder 124

Affidavit Termination Joint Tenancy

(Title of Document)

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

Signed *Adele Dolan*

Printed Name: Adele Dolan

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fee applies).

This cover page must be typed or printed clearly in black ink only.



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APN: 00624110

R.P.T.T.: \$0.00

Recording Requested By:

Esther M. Faircloth
4126 Eagle Valley Road
Ursine, Nevada 89043

After Recording Mail To:

Esther M. Faircloth
4126 Eagle Valley Road
Ursine, Nevada 89043

Send Subsequent Tax Bills To:

Esther M. Faircloth
4126 Eagle Valley Road
Ursine, Nevada 89043

When Recorded Return To:

Indecomm Global Services
2925 Country Drive
St. Paul, MN 55117

78632393 rec 117

AFFIDAVIT TERMINATING JOINT TENANCY

TITLE OF DOCUMENT

The undersigned, **Esther M. Faircloth** of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Jerry C. Faircloth, Sr.** having become deceased on **March 30, 2010**, pursuant to the attached certified copy Certificate of Death, is the same person as **Jerry C. Faircloth** named as one of the parties in that certain **Deed** dated **July 20, 2009** by **Jerry C. Faircloth and Esther M. Faircloth** to **Jerry C. Faircloth and Esther M. Faircloth and Clara Faircloth and Gregory Faircloth, husband and wife, all as joint tenants**, recorded on **April 13, 2011**, in Book **263**, at Page **0084**, of Official Records of the Lincoln County Recorder's Office, Lincoln County, State of Nevada.
2. The real property subject hereof is situated in the County of **Lincoln**, State of **Nevada**, bounded and described as follows:

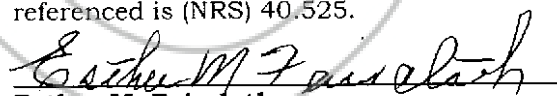
SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **4126 Eagle Valley Road
Ursine, Nevada 89043**

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **April 13, 2011**, in Book **263**, Page No. **0084**, in Lincoln County Records, Lincoln County, Nevada.

3. That the undersigned affiant, **Esther M. Faircloth**, is the surviving spouse of the named decedent.

I, **Esther M. Faircloth**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.


Esther M. Faircloth

Affiant
Title



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DATED this 11 day of April, 2013.

Esther M Faircloth
Esther M. Faircloth

STATE OF NEVADA)

COUNTY OF Clark)

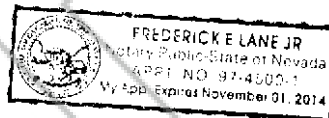
SS

SUBSCRIBED AND SWORN before me this 11 day of April, 2013, by
Esther M. Faircloth.

NOTARY STAMP/SEAL

Frederick E. Lane Jr
Notary Public

FREDERICK E. LANE JR
Title and Rank
My Commission Expires: 11/01/14





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DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2010004599

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerry C FAIRCLOTH SR			2. DATE OF DEATH (Mo/Day/Year) March 30, 2010		3a. COUNTY OF DEATH Clark		
	3b. CITY, TOWN, OR LOCATION OF DEATH North Las Vegas			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 5330 Sun Meadow Court		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 29, 1930			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Georgia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	12. SURVIVING SPOUSE OR DOMESTIC PARTNER Esther V MALNER		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Superintendent		14b. KIND OF BUSINESS OR INDUSTRY Civil Engineering	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION North Las Vegas		15d. STREET AND NUMBER 5330 Sun Meadow Court	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Cecil FAIRCLOTH			17. MOTHER - NAME (First Middle Last Suffix) Lillian HARPE		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Esther FAIRCLOTH			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 5330 Sun Meadow Court North Las Vegas, Nevada 89031				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Davis Memorial Park		19c. LOCATION City or Town State Las Vegas Nevada 89119			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES WILSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 703		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119			
	TRADE CALL - NAME AND ADDRESS							
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED DEAN TSAI MD			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) March 31, 2010		21c. HOUR OF DEATH 04:06		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Dean TSAI MD 8655 S Eastern Las Vegas, NV 89123					23b. LICENSE NUMBER 9130		
CAUSE OF DEATH	24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 01, 2010		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).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I						Interval between onset and death	
	(a) Laryngeal cancer DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
PART II					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

"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: APR 07 2010



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EXHIBIT "A"
LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED PROPERTY SITUATED IN THE COUNTY OF LINCOLN, STATE OF NEVADA:

ALL THAT PARCEL OF LAND IN LINCOLN COUNTY, STATE OF NEVADA, BEING KNOWN AND DESIGNATED AS LOT EIGHT (8) IN URSINE (ALSO KNOWN AS EAGLE VALLEY) WHICH SAID LOT IS FURTHER LOCATED AS BEING IN THE WEST HALF OF THE SOUTHEAST QUARTER (W2 SE4), SECTION 35, TOWNSHIP 2 NORTH, RANGE 69 EAST, M.D.B. AND M. AND BEING MORE FULLY DESCRIBED IN DEED INST #0131395, DATED 04/09/2008 AND RECORDED 04/18/2009, LINCOLN COUNTY RECORDS, STATE OF NEVADA.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **April 13, 2011**, in Book **263**, Page No. **0084**, in Lincoln County Records, Lincoln County, Nevada.



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