



4. Barbara Bartholomew ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
5. The decedent was my Mother.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting in me, Yvonne M Roberts, as sole owner.

DATED this 27 day of June, 2013,

Yvonne M Roberts
Affiant Yvonne M. Roberts

SUBSCRIBED AND SWORN to before me on this 27 day of June, 2013 by Yvonne M Roberts.

[Signature]
Notary Public

SHERRI HITT
Notary Public
State of Washington
My Commission Expires
October 5, 2014



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07/03/2013

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2009015967

STATE FILE NUMBER

Form with sections: DECEDENT, PARENTS, DISPOSITION, TRADE CALL, CERTIFIER, REGISTRAR, CAUSE OF DEATH. Includes fields for name, date of death, sex, race, birth date, occupation, and cause of death.

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: NOV 09 2009