

Official Record

Recording requested By  
COW COUNTY TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 280 Page- 0271



0143667

APN: 011-120-04

WHEN RECORDED MAIL TO and MAIL TAX STATEMENT TO:

CARL B KNAUFF  
2008 Walnut Avenue  
Las Vegas, NV 89101

ESCROW NO: 00016596-013-RW 45557

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
) ss.  
COUNTY OF CLARK )

Carl B. Knauff, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same person named as Eddie Y. Knauff, one of the grantees in that certain deed recorded / as Document No. / in Book / in the office of the County Recorder of ~~Clark~~ Lincoln County, State of Nevada. 03/26/68 47332 N-1 R.E. Deeds LINCORN  
See Exhibit A attached hereto and made a part hereof.

Yvonne

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

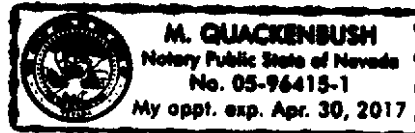
*Carl B. Knauff*

Carl B. Knauff

On this July 1, 2013  
appeared before me, a Notary Public,  
Carl B. Knauff

personally known or proven to me to be the person(s) whose name(s) is/are subscribed to the above instrument, who acknowledged that he/she/they executed the instrument for the purposes therein contained.

M. Quackenbush  
Notary Public



*M. Quackenbush*

My commission expires: 04:30:17

**DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH – VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2009007949**

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Eddie Yvonne KNAUFF</b>			2. DATE OF DEATH (Mo/Day/Year) <b>June 01, 2009</b>		3a. COUNTY OF DEATH <b>Clark</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Nathan Adelson Hospice</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		
DECEDENT	5. RACE White (Specify)			6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>77</b>		
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 02, 1931</b>			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
	13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Carl B KNAUFF</b>
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>		15d. STREET AND NUMBER <b>2008 Walnut Ave.</b>	
	16. FATHER - NAME (First Middle Last Suffix) <b>Milo Egbert HARTMAN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Nina M WATKINS</b>				
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Carl B KNAUFF</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2008 Walnut Ave. Las Vegas, Nevada 89101</b>				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>			19b. CEMETERY OR CREMATORY - NAME <b>Palm Downtown Cemetery</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED			20b. FUNERAL DIRECTOR LICENSE <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Downtown</b> <b>1325 North Main Street Las Vegas NV 89101</b>		
	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) <b>SIGNATURE AUTHENTICATED</b> <b>WARREN WHEELER M.D.</b>				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) <b>June 03, 2009</b>		21c. HOUR OF DEATH <b>04:30</b>		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)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119</b>						23b. LICENSE NUMBER <b>11795</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>NINETTE HARRINGTON</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 03, 2009</b>		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) <b>Bronchogenic carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF:						<b>05/26/2009</b>	
(b) <b>Tobacco abuse</b> DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
(c) <b>Dementia</b> DUE TO, OR AS A CONSEQUENCE OF:						<b>Years</b>		
(d)						Interval between onset and death		
PART II						26. AUTOPSY (Specify Yes or No) <b>No</b>		
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:

Date Issued: **JUN 08 2009**



**EXHIBIT "A"**

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Situate in the Northeast Quarter (NE1/4) of Section 1, Township 6 South, Range 60 East, M.D.B. & M., described as follows:

Lots 14 and 15 of the ASH SPRINGS SUBDIVISION, as shown on the Subdivision Map thereof recorded June 5, 1967 in the Office of the County Recorder of Lincoln County, Nevada in Book "A" of Plats, page 74 as File No. 45095, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2012 - 2013: 011-120-04

