

Official Record

Recording requested By KRISTY KAREEN LAMB

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 RPTT: Recorded By: AE Book- 282 Page- 0558



After recording please return to:)
Name: Kristy Kareen Lamb)
Address: PO Box 283)
City, State, Zip: Alamo NV 89001)
Phone: 775 725 3907)
Assessor's Parcel Number 004-091-01)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada)
)ss
COUNTY OF Lincoln)

Kristy Kareen Lamb, being first duly sworn, deposes and states:

- 1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Kristy Kareen Lamb, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on August 2, 1993, as Document No. 100712, in Book 106, Page 614, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 110 Weeping Willow Avenue, described as follows:

Commencing at the NE corner of lot 1, Block 64, as shown on the Alamo Township Plat A, midpoint being on the South side of First South Avenue and being 247.5 Feet west of the Erchner property as the starting point and running thence South 37.4 feet, thence running at right angles east 572 Feet more or less to the east boundary of the NW Quarter NE Quarter of section 8 thence running north 108.5 Feet to the south boundary of the Erchner property thence running north at right angles west 207.5 Feet more or less to the center of the drainage ditch and the SW corner of the Erchner property thence running north along the center line of the drainage ditch along the west line of the Erchner property 292 Feet more or less to the south side of said First South Avenue and to the NW corner of the Erchner property thence running north along the south side of First South Avenue 247.5 Feet to the place of beginning together with all appurtenances and improvements thereon, including the town and parcels of said property being commonly known as the Sid Pace property in Alamo, Nevada, lying west and south of and adjacent to the Erchner Property and located in the SW Quarter of the SE Quarter of section 5 and the NW Quarter of section 38 & 35 R1E, M08&M.



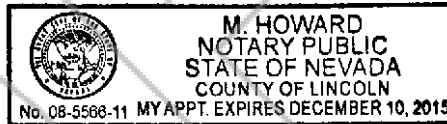
- 4. Glen C. Lamb ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my Grandfather.
- 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, Kristy Kareen Lamb, as sole owner.

DATED this 21 day of October, 2013,

Kristy Kareen Lamb
Affiant Kristy Kareen Lamb

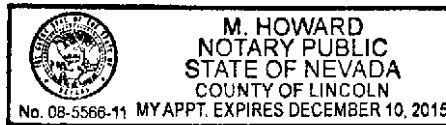
SUBSCRIBED AND SWORN to before me on this 21 day of October, 2013 by Kristy Kareen Lamb.

M. Howard
Notary Public



This instrument was acknowledged before me on October 21, 2013 by Kristy Kareen Lamb who personally appeared before me and whose identity I verified upon oath of Dylan Frenner, a credible witness, personally known to me and to the person who acknowledged this instrument before me.

M. Howard





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Book: 282
Page: 50010/21/2013
Page: 2 of 2

STATE OF NEVADA DIVISION OF VITAL RECORDS



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

2000 0014314

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1 Glen Carlton LAMB		2. October 16, 2003	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b Alamo		3a Lincoln	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rem. Inpatient (Specify)	
3c. 222 East First South		3e. 6	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5 White		4 Male	
Was Decendent of Hispanic Origin? Specify Yes or No. If Yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6 X No		7a. 80	
STATE OF BIRTH (If not U.S.A., name country)		UNDER 1 YEAR MOS : DAYS	
9a. Nevada		UNDER 1 DAY HOURS : MINS	
CITIZEN OF WHAT COUNTRY		DATE OF BIRTH (Mo., Day, Yr.)	
9b. U.S.A.		8 January 16, 1923	
Decedent's Education Specify highest grade completed		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 14		11. Widowed	
SOCIAL SECURITY NUMBER		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		12.	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Fireman		14b. City	
RESIDENCE— STATE		STREET AND NUMBER	
15a. Nevada		15d. 222 E. First So.	
COUNTY		INSIDE CITY LIMITS (Specify Yes or No)	
15b. Lincoln		15e. Yes	
CITY, TOWN, OR LOCATION		FATHER— NAME First Middle Last	
15c. Alamo		16. Carlton Phillip Lamb	
MOTHER— MAIDEN NAME First Middle Last		17. Thelma Shumway	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Lorin E. Lamb - Son		18b. P.O. Box 662 Alamo, Nevada 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Alamo Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		LOCATION City or Town State	
20a. <i>[Signature]</i>		19c. Alamo, Nevada	
FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
20b. 15		20c. 730 Front Street Caliente, Nevada 89008	
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)		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)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. [REDACTED]		22b. 10-20-03	
HOUR OF DEATH		HOUR OF DEATH	
21c. [REDACTED]		22c. Before 0840	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. ON 10-16-03	
21d. [REDACTED]		22e. AT 0840	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
23a. Gary Davis; P.O. Box 570 Pioche, Nevada 89043		23b. [REDACTED]	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. 10-20-03	
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).)		Interval between onset and death	
PART I (a) Exsanguination		: Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Ruptured Abdominal Aneurysm		: Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Atherosclerosis		: Years	
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. Yes		27. Yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. [REDACTED]		28d. [REDACTED]	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION		STREET OR R.F.D. No.	
28g. [REDACTED]		CITY OR TOWN	
STATE		STATE	

STATE REGISTRAR

No. 239552

CERTIFIED COPY OF VITAL RECORDS

Birth Cert# 1923 000052

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:

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

MAR 04 2013

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

