

APN 11-160-09

RECORDING REQUESTED BY:

BETTY JO JARVIS
HCR 61 Box 41
Hiko, NV 89017



AFFIDAVIT IN RE JERALD L. JARVIS, DECEASED
TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA

COUNTY OF LINCOLN

BETTY JO JARVIS, being first duly sworn, deposes
and says:

That affiant is the spouse of JERALD L. JARVIS,
Deceased. That Decedent died on the 13 day of
December, 2010, in Las Vegas, Clark County, State of Nevada.
That a certified copy of the Death Certificate is attached
hereto as Exhibit "A".

That during the lifetime of said Decedent, certain
real property was acquired in joint tenancy wherein BETTY JO
JARVIS and JERALD L. JARVIS, husband and wife, as joint
tenants were the Grantees. That under the laws of the State
of Nevada, upon the death of JERALD L. JARVIS, the title and
ownership of said real property became vested in BETTY JO



JARVIS as the surviving joint tenant. That said real property was acquired by a Deed dated the 14th day of February, 1988, wherein THOMAS W. STEELE and LOIS E. STEELE, husband and wife, were the Grantors, and BETTY JO JARVIS and JERALD L. JARVIS, as joint tenants, were the Grantees.

That said Deed was recorded September 8, 1994, in Book 110, Page 658, Document #102370, Lincoln County Records.

That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

A parcel of land situate within the NE 1/4 of the SE 1/4, Section 19, Township 6 South, Range 61 East, M. D. B. & M., being more particularly described as follows:

Beginning at the Southwest Corner from which the Southwest of said Section 19 bears S 72° 58' 54" W a distance of 5,417.84 feet; thence N 12° 29' 28" W a distance of 329.08 feet, to the Northwest Corner; thence N 80° 52' 12" E a distance of 56.16 feet, to a point thence S 12° 35' 20" E a distance of 17.05 feet to a point; thence N 76° 43' 56" E a distance of 90.56 feet to the Northeast Corner; thence S 03° 42' 28" E a distance of 335.04 feet to the Southeast Corner; thence Due West a distance of 97.8 feet to the point of beginning. Said parcel contains .90 acres, more or less. That by reason of the foregoing, affiant hereby

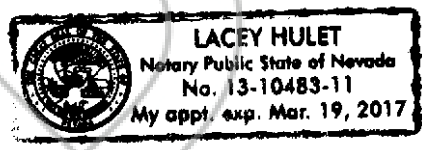
declares that the title and interest of JERALD L. JARVIS, Deceased, in the above-described real property has vested in

BETTY JO JARVIS, in fee simple, and that BETTY JO JARVIS, is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Betty Jo Jarvis
BETTY JO JARVIS

Subscribed and sworn to before me this 7 day of NOV, 2013.

L Huet
NOTARY PUBLIC



DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2010018743

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerald Lynn JARVIS		2. DATE OF DEATH (Mo/Day/Year) December 13, 2010		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Nathan Adelson Hospice		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Hospice Facility (HFS)	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 05, 1941		9a. STATE OF BIRTH (if not U.S.A., name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Betty Jo STEELE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Heavy Duty Equipment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Hiko	
15d. STREET AND NUMBER 41 Richardville Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER - NAME (First Middle Last Suffix) Alton Lorenzo JARVIS	
17. MOTHER - NAME (First Middle Last Suffix) Elda CHRISTOFFERSEN		18a. INFORMANT- NAME (Type or Print) Betty Jo JARVIS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) HCR 61 Box 41 Hiko, Nevada 89017	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada 89001	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NED STOUGHTON MD SIGNATURE AUTHENTICATED			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) December 14, 2010		21c. HOUR OF DEATH 01:42		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) NED STOUGHTON MD 4141 Swanson Street Las Vegas, NV 89119			
23b. LICENSE NUMBER 10960		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 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).)					
PART I					
(a) Metastatic esophageal cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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:

DEC 15 2010