

APN 010-162-09



AFFIDAVIT TERMINATING JOINT TENANCY

Affirmation Statement

DW I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NEVADA
(State specific law)

David K Wynn
Signature

SUCCESSOR TRUSTEE
Title

DAVID K. WYNN
Print

4-7-14
Date

Grantees address and mail tax statement:

DAVID K. WYNN, SUCCESSOR TRUSTEE
15503 N.E. 41TH STREET
VANCOUVER, WA 98682



A.P.N: #010-162-09
WHEN RECORDED MAIL TO:
QUICK CLAIM USA
7251 W. LAKE MEAD BLVD
SUITE 300
LAS VEGAS, NV 89128

MAIL TAX STATEMENT TO:
DAVID AND MARY WYNN
15503 N. E. 41th STREET
VANCOUVER, WA 98682

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF WA)
)SS
COUNTY OF Clark)

I, David K. Wynn, being first duly sworn, depose and say that I am over the age of eighteen (18) years and am competent to be a witness as to the matters hereinafter stated.

I am David K. Wynn, the Successor Trustee to the James R. Grady Revocable Living Trust, dated October 3, 2008, and created by James R. Grady, the person named as James R. and/or Sylvia Grady, a joint tenant, one of the grantees in that certain deed recorded August 24, 1989, as Document No. 92081, in Book 86 (page 549) of Official Records, Lincoln County, Nevada. Mr. James R. Grady died October 29, 2012, and the undersigned succeeded as trustee of the Trust.

Sylvia Grady was one of the grantees named in said deed and was the identical person named as Sylvia Grady, the Decedent, in that certain certified copy of Certificate of Death attached to this Affidavit as Exhibit A and incorporated by reference, that shows she died on or about July 30, 2005

SEE PAGE TWO (2) FOR SIGNATURES AND NOTARY ACKNOWLEDGEMENT



SIGNATURES AND NOTARY JURAT

David K. Wynn Trustee
David K. Wynn, Successor Trustee
James R. Grady Revocable Living Trust

STATE OF : Washington
COUNTY OF : Clarke

Subscribed and sworn to (or affirmed) before me on this 7th Day of
April, 2014 personally appeared before
me, a Notary Public David K. Wynn

Who acknowledged before me that they executed the above instrument.

Randi Adeline King
Notary Public
My commission expires: 08/29/2016

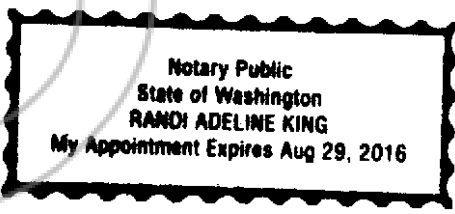




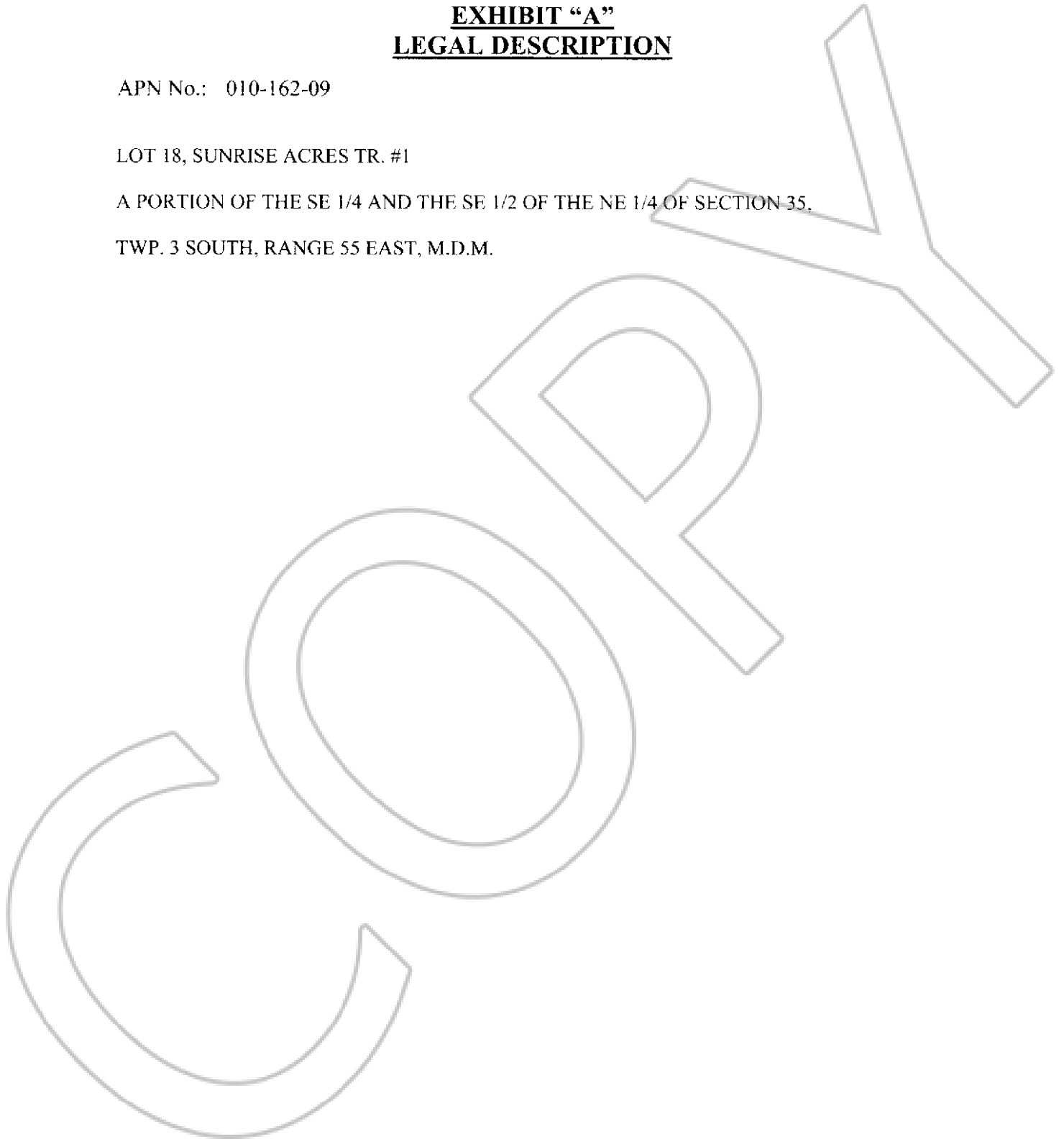
EXHIBIT "A"
LEGAL DESCRIPTION

APN No.: 010-162-09

LOT 18, SUNRISE ACRES TR. #1

A PORTION OF THE SE 1/4 AND THE SE 1/2 OF THE NE 1/4 OF SECTION 35,

TWP. 3 SOUTH, RANGE 55 EAST, M.D.M.





CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Sylvia M. GRADY		2. July 30, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Las Vegas		3a. Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. Nathan Adelson Hospice - East		3e. Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		SEX	
5. White		4. Female	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 63	
STATE OF BIRTH (If not U.S.A., name country)		DATE OF BIRTH (Mo., Day, Yr.)	
9a. Washington		8. May 7, 1942	
CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. [REDACTED]		11. Married	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Insurance Biller / Retired		14b. Hospital	
RESIDENCE—STATE		STREET AND NUMBER	
15a. Nevada		15d. 5133 E. Hallet Dr.	
COUNTY		INSIDE CITY LIMITS (Specify Yes or No)	
15b. Clark		15e. No	
CITY, TOWN, OR LOCATION		MOTHER—MAIDEN NAME First Middle Last	
15c. Las Vegas		17. Laura Virginia Nichols	
FATHER—NAME First Middle Last		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
16. Walter Lowell Shaw		18b. 5133 E. Hallet Drive, Las Vegas, Nevada 89122	
INFORMANT—NAME (Type or Print)		CEMETERY OR CREMATORY—NAME	
18a. James R. Grady - Husband		19b. Palm Crematory	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		LOCATION City or Town State	
19a. Cremation		19c. Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. <i>[Signature]</i>	
NAME AND ADDRESS OF FACILITY		20c. 7600 S. Eastern Ave., Las Vegas, Nevada 89123	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 8/3/2005		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 6:30 AM		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Eugene Guerrero MD 4141 S. Swenson Ave. Las Vegas NV 89119		22e. AT	
LICENSE NUMBER		23b. 10996	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. (Signature) <i>[Signature]</i>		24b. AUG 04 2005	
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) METASTATIC Non-Small Cell Lung Cancer		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
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. No		27. Yes <i>[Signature]</i>	
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	
[REDACTED]		STATE	

STATE REGISTRAR

No. 289969

"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 Clark County 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 CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **AUG 05 2005**

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573