

APN: 001-074-08; 001-074-16

Mail Tax Statements to:

JON HOOLIHAN
6812 Quail Hollow Drive
Las Vegas, NV 89108



When Recorded, Return to:

JON HOOLIHAN
c/o Stone Law Offices, Ltd.
9060 W. Cheyenne Avenue, Ste. A
Las Vegas, Nevada 89129

AFFIDAVIT TERMINATING JOINT TENANCY

The undersigned, being first duly sworn, deposes and says that he is the Affiant, is over the age of twenty-one (21) years and competent to be a witness as to the matter hereinafter stated.

That the Affiant is the surviving spouse of SUSAN HOOLIHAN and the surviving Grantee as to an undivided $\frac{1}{2}$ interest of JON HOOLIHAN AND SUSAN HOOLIHAN, husband and wife as joint tenants with rights of survivorship, identified in that certain joint tenancy GRANT, BARGAIN and SALE DEED ("Deed") recorded November 24, 1998 in Book 138, Page 307, as Instrument No. 111902, Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.

That SUSAN HOOLIHAN and the Affiant were wife and husband and held any and all interests in the real property under the Deed as Joint Tenants with rights of survivorship.

That SUSAN HOOLIHAN was one of the two (2) Grantees named in said Deed as to the undivided $\frac{1}{2}$ joint tenancy interest of JON HOOLIHAN AND SUSAN HOOLIHAN, and was the identical person identified as SUSAN M. HOOLIHAN, the Decedent, in that certain Nevada Certificate of Death issued by the State of Nevada on February 25, 2010, a certified copy of which is attached hereto and made a part hereof.

That JON HOOLIHAN is the surviving Grantee of the two (2) Grantees named in said Deed as to the undivided $\frac{1}{2}$ joint tenancy interest of JON HOOLIHAN AND SUSAN HOOLIHAN, and is entitled to all of the $\frac{1}{2}$ joint tenancy interest in the real property as the surviving Spouse.

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

CERTIFICATE OF DEATH

2010002476

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Susan M HOOLIHAN		2. DATE OF DEATH (Mo/Day/Year) February 18, 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) Inpatient	
DECEDENT	4. SEX Female		7a. AGE-Last birthday (Years) 60		7b. UNDER 1 YEAR MOS DAYS	
	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Jon P HOOLIHAN		8. DATE OF BIRTH (Mo/Day/Yr) April 14, 1949	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Excavating Company	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
DISPOSITION	15d. STREET AND NUMBER 2217 Lucerne Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Lyn Howard ROBERTS	
	17. MOTHER - NAME (First Middle Last Suffix) Laverne Gertrude HENSCH		18a. INFORMANT- NAME (Type or Print) Jon P HOOLIHAN			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2217 Lucerne Circle Henderson, Nevada 89014				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	
	19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
	TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LISA LYONS M.D. 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) February 23, 2010		21c. HOUR OF DEATH 13:30		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lisa Lyons M.D. 4141 Swenson St Las Vegas, NV 89119				23b. LICENSE NUMBER 9476	
CAUSE OF DEATH	24a. REGISTRAR (Signature) KATHIE FRANKLIN SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 23, 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 small cell lung 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)					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	PART II				26. AUTOPSY (Specify Yes or No) No	
	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: FEB 25 2010