

Official RecordRecording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 301 Page- 0330

A.P.N.: 008-360-10
File No: NCS-772238-HHLV (MS)



When Recorded return to, and mail Tax Statements to:

Shelia J. Mason

P.O. Box 600Alamo, NV 89001**AFFIDAVIT - TERMINATING JOINT TENANCY**

Shelia J. Mason, of legal age, being first duly sworn, deposes and says:

That **James L. Mason aka Jimmie Lee Mason**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James L. Mason aka Jimmie Lee Mason** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **August 28, 2008** executed by **Leo Stewart and Delores E. Stewart** to **Shelia J. Mason and James L. Mason aka Jimmie Lee Mason** as joint tenants, recorded as Document No. **0132571** on **September 5, 2008** in Book **244** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

THAT PORTION OF THE EAST ONE HALF (E1/2) OF THE NORTHWEST QUARTER (NW1/4) OF SECTION 16, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B. & M., DESCRIBED AS FOLLOWS:

PARCEL 1 OF THE CERTAIN PARCEL MAP FOR LEO K. STEWART ON FILE IN FILE "A1" OF PARCEL MAPS, PAGE 412 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA AND RECORDED MARCH 30, 1994 AS DOCUMENT NO. 101667 OF OFFICIAL RECORDS.

Shelia J. Mason

Shelia J. Mason

3/3/16

Date



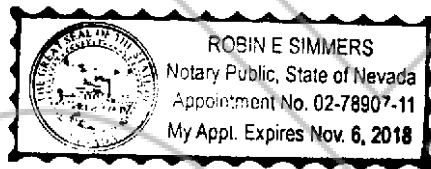
STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **CLARK** *Lincoln*)

This instrument was acknowledged before me on this:
3 day of March, 2016

By: **Sheila J. Mason, an unmarried woman and Alamo
Manufacturing Co., LLC, a Nevada limited liability company**

By: Sheila J. Mason / Its: Manager
Robin E. Simmers

Notary Public
(My commission expires: Nov 6 2018)



Robin E. Simmers
#02-78907-11
Exp. 11-6-18

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH—VITAL STATISTICS**

CERTIFICATE OF DEATH

2012019281
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jimmie Lee MASON			2. DATE OF DEATH (Mo/Day/Year) December 03, 2012		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 Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 27, 1933			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	12. SURVIVING SPOUSE (if wife, give maiden name) SHEILA TURNER		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Design Engineer		14b. KIND OF BUSINESS OR INDUSTRY Engineering	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo		15d. STREET AND NUMBER 390 Park Avenue	
	15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ivan Theodore MASON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Elizabeth ROBERTS		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Sheila MASON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 390 Park Avenue Alamo, Nevada 89001				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2457 N Decatur Blvd. Las Vegas NV 89108			
	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) SIGNATURE AUTHENTICATED WARREN WHEELER M.D.			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 06, 2012		21c. HOUR OF DEATH 23:25		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)		22e. PRONOUNCED DEAD AT (Hour)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119					23b. LICENSE NUMBER 11795		
CAUSE OF DEATH	24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 06, 2012		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 (a) Bronchogenic carcinoma			Interval between onset and death				
	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death				
(b) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death					
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death					
(d) DUE TO, OR AS A CONSEQUENCE OF:			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.					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

AKA: James Lee MASON

"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

John Middaugh, M.D.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **DEC 11 2012**