



APN: 001-240-39, 001-240-26
and 001-240-42

Recording Requested By & Mail

Tax Statements To:

Glenn G. Elliott
9577 Brooks Lake Ave.
Las Vegas, NV 89148

The undersigned does hereby affirm that the following document does not contain the social security number of a person.

AFFIDAVIT TERMINATING JOINT TENANCY

I, GLENN G. ELLIOTT, the Affiant, being of legal age and competent to make this affidavit, and being first duly sworn, deposes and says:

1. That GLENN DALE ELLIOTT is one of the Grantees named in that Grant Bargain Sale Deed (hereafter referred to as the "Deed") recorded on June 29, 2005 as Document No. 124825 of Official Records, in the Office of the County Recorder of Lincoln County, Nevada, covering the following described property situated in the Town of Pioche, County of Lincoln, State of Nevada, more particularly described as:

That portion of the Southwest Quarter (SW ¼) of the Northeast Quarter (NE ¼) of Section 14, Township 1 North, Range 67 East, M.D.B. & M., Lincoln County, Nevada, described as follows:

PARCEL I:

Parcel 2 as shown by Parcel Map for Paul S. Brown, recorded August 22, 1994 in Plat Book A, Page 427, File No. 102257, Lincoln County, Nevada.

PARCEL II:

Parcel 1 as shown by Parcel Map for Paul S. Brown, recorded October 15, 1997 in Plat Book B, Page 67, File No. 109829, Lincoln County, Nevada.

PARCEL III:

Parcel 1 as shown by Parcel Map for Paul S. Brown, recorded May 12, 1998 in Plat Book B, Page 118, File No. 110961, Lincoln County, Nevada.

SUBJECT TO:



All General and Special Taxes for the current fiscal year, if any.

Reservations, restrictions and conditions if any; rights of way and easements either of record or actually existing on said premises.

TOGETHER with all tenements, hereditaments, and appurtenances, including easements and water rights, if any, thereto belonging or appertaining, and any reversion, remainders, rents, issues or profits thereof.

2. That the Deed conveyed title to GLENN DALE ELLIOTT and CAROLE LEE ELLIOTT, husband and wife as Joint Tenants with rights of survivorship.

3. That CAROLE LEE ELLIOTT was one of the grantees named in the Deed and was the identical person named as CAROLE LEE ELLIOTT, the decedent, who passed away on October 29, 2011 in Clark County, Nevada, as indicated on the Death Certificate attached hereto as Exhibit "1".

4. That GLENN DALE ELLIOTT, who survived CAROLE LEE ELLIOTT, died on April 8, 2014 in Clark County, Nevada as indicated on the Death Certificate attached hereto as Exhibit "2."

5. Affiant, GLENN G. ELLIOTT, is the son of the Decedents GLENN DALE ELLIOTT and CAROLE LEE ELLIOTT.

6. That the death of CAROLE LEE ELLIOTT on October 29, 2011 in Clark County, Nevada, terminated the joint tenancy leaving the entire interest in the real property described above to GLENN DALE ELLIOTT as his sole and separate property.

I certify under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

In witness whereof, I have hereunto set my hand this 4TH day of MARCH, 2016.

GLENN G. ELLIOTT, Affiant
9577 Brooks Lake Ave.
Las Vegas, NV 89148

(Notary Acknowledgment appears on next page)



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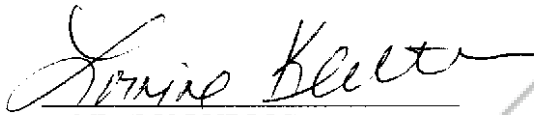
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STATE OF NEVADA)
)
COUNTY OF CLARK)

On the 4 day of March, 2016, before me, the undersigned notary public, personally appeared GLENN G. ELLIOTT, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



NOTARY PUBLIC
In and For Said County and State



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

CERTIFICATE OF DEATH **2011016984**
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) Carole Lee ELLIOTT		2. DATE OF DEATH (Mo/Day/Year) October 29, 2011		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) 7460 Palmyra Street		3e. If Hosp. or Inst indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 75		7b. UNDER 1 YEAR (MOS DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) May 28, 1936		9a. STATE OF BIRTH (If not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Glenn ELLIOTT	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Financial	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2700 West Richmar Avenue #97		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Wayne PARKER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hazel ANDREWS		18a. INFORMANT - NAME (Type or Print) Glenn ELLIOTT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2700 West Richmar Avenue #97 Las Vegas, Nevada 89123	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BART BURTON		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MIKE JEONG DO		21b. DATE SIGNED (Mo/Day/Yr) November 02, 2011		21c. HOUR OF DEATH 18:20	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) MIKE JEONG DO 5530 S. Jones Blvd. Las Vegas, NV 89118		23b. LICENSE NUMBER 1024		24a. REGISTRAR (Signature) KATHIE FRANKLIN	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 02, 2011		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))	
25. IMMEDIATE CAUSE (a) Debility		25. IMMEDIATE CAUSE (b) Lung cancer		25. IMMEDIATE CAUSE (c) 	
25. IMMEDIATE CAUSE (d) 		25. IMMEDIATE CAUSE (e) 		25. IMMEDIATE CAUSE (f) 	
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		27. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	

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: **NOV 03 2011**



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STATE OF NEVADA

DIVISION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2014005764

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Glenn Dale ELLIOTT		2. DATE OF DEATH (Mo/Day/Year) April 08, 2014		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) Solari 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) 84		7b. UNDER 1 YEAR MOS DAYS		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) North Dakota		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Phone Company		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
TRADE CALL	15d. STREET AND NUMBER 8630 W. Nevso Drive #274		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Glenn A ELLIOTT	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lulu HANSEN		18a. INFORMANT - NAME (Type or Print) Glenn ELLIOTT		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 9577 Brooks Lake Avenue Las Vegas, Nevada 89148	
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
	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	
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) SYED RAHMAN MD SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) April 14, 2014		21c. HOUR OF DEATH 16:30	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	22c. HOUR OF DEATH		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) SYED RAHMAN MD 5530 S Jones Las Vegas, NV 89118		23b. LICENSE NUMBER 10030		24a. REGISTRAR (Signature) MARY WILSON SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 14, 2014		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) Cardiorespiratory failure		Interval between onset and death:	
CONDITIONS IF ANY WHICH HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF: End stage debility		(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:		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

VRS-Rev 20120523a

"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 authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: APR 16 2014

Registrar of Vital Statistics

By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151753

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

