

APN: 003-172-04

## AFFIDAVIT TERMINATING JOINT TENANCY



STATE OF NEVADA )  
: ss  
COUNTY OF CLARK )

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

That the Affiant is one of the Grantees named in that certain GRANT, BARGAIN, SALE DEED, recorded July 18, 2007, in Instrument No. 0129246, Book 233, Page 0323, Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.

That KATHRYN OMAN, was one of the Grantees named in said GRANT, BARGAIN, SALE DEED and was the identical person named as KATHRYN JO OMAN, the Decedent, who passed away on April 17, 2016, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

The property referred to in said GRANT, BARGAIN, SALE DEED is that property in the City of Caliente, County of Lincoln, State of NV, described as:

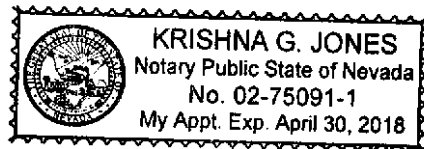
See Exhibit "A" attached hereto and incorporated herein by reference

More commonly known as: 111 Rowan Ave., Caliente, NV 89008

FURTHER AFFIANT SAYETH NAUGHT.

MICHAEL WILLIAM OMAN

SUBSCRIBED AND SWORN to before me  
this 1 day of February, 2016 by  
MICHAEL WILLIAM OMAN.

  
NOTARY PUBLIC in and for said  
County and State.



0150917

Book 309  
Page 123

02/06/2017  
Page 2 of 4

**When Recorded, Please Return to:  
Mail Tax Statements to:**

MICHAEL WILLIAM OMAN  
4300 Hanford Ave.  
Las Vegas, NV 89107

COPY



0150917

Book: 309  
Page: 124

02/06/2017  
Page: 3 of 4

EXHIBIT "A"

**LOT 11 IN ROWAN SUBDIVISION TO THE CITY OF CALIENTE, COUNTY OF LINCOLN,  
STATE OF NEVADA AS SHOWN BY MAP THEREOF RECORDED MAY 19, 1951 IN PLAT  
BOOK A, PAGE 68 IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY,  
NEVADA.**

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COPY



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
 VITAL STATISTICS

CASE FILE NO. 3889692

CERTIFICATE OF DEATH

2016008217  
 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) <b>Kathryn Jo OMAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 17, 2016</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and <b>Summerlin Hospital Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE Cherokee (Specify) <b>Cherokee</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>53</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>December 12, 1962</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Kansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Michael W OMAN</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Program Director</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>4300 Hanford Avenue</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Carl HAMILTON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Sharon MEINSEN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Michael OMAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4300 Hanford Avenue Las Vegas, Nevada 89107</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRIS WALTERS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>64</b>		20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial</b> <b>1111 Las Vegas Blvd N Las Vegas NV 89101</b>	
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) <b>SIGNATURE AUTHENTICATED AISHA TANVEER M.D.</b>			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) <b>May 06, 2016</b>		21c. HOUR OF DEATH <b>12:47</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Aisha Tanveer M.D. 657 N Town Center Drive Las Vegas, NV 89144</b>			
23b. LICENSE NUMBER <b>10598</b>		24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 06, 2016</b>		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) <b>Cardiopulmonary Arrest</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Aspiration Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Vomiting</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>Partial Gastrectomy Due To Zollinger-Ellison Syndrome</b>				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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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	

LOCAL 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 authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



263605

DATE ISSUED: **MAY 09 2016**

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.  
 SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

Registrar of Vital Statistics  
*[Signature]*

