

93787

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF CLARK } ss.

NEIL A. BLACKWOOD, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is _____ the person named as NEIL A. BLACKWOOD one of the grantees in that certain deed recorded March 24, 1983 File 87299 as Deed No. _____ in Book 110, Page 59, of Official Records in the office of the County Recorder of Eureka Clark County, State of Nevada.

That JA NEIL BLACKWOOD was one of the grantees named in said deed and was the identical person named as JA NEIL BLACKWOOD, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.



NOTARY PUBLIC
STATE OF NEVADA
County of Clark
LISA CARRAHER
My Appointment Expires July 20, 1986

Neil A. Blackwood
NEIL A. BLACKWOOD

Subscribed and sworn to before me this 19th day of June, ~~1983~~ 1984.

Lisa Carraher
Notary Public in and for said County and State
LISA CARRAHER

When Recorded, Return to:

ROGERS, MONSEY, WOODBURY, PHILLIPS, PERRY & BERGGREEN
723 South Third Street
Las Vegas, Nevada 89101

BOOK 123 PAGE 575

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DATE OF DEATH (Mo., Day, Year)		COUNTY OF DEATH	
DECEASED - NAME (Last, First, Middle)		BLACKWOOD		Clark	
CITY, TOWN OR LOCATION OF DEATH		Boulder City Hospital		INSIDE CITY LIMITS (Specify Yes or No)	
Boulder City		Boulder City		Emer. room	
RACE		AGE (Years, Months, Days)		DATE OF BIRTH (Mo., Day, Year)	
White		65		May 15, 1918	
NATURALIZATION		CITIZEN OF WHAT COUNTRY		MARRIED (Never, Married, Widowed, Divorced)	
Nevada		S.A.		Never Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Specify Month and Year)		KIND OF BUSINESS OR INDUSTRY	
		Homemaker		Own home	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION	
Nevada		Clark		Boulder City	
FATHER - NAME (Last, First, Middle)		MOTHER - MAIDEN NAME (Last, First, Middle)		STREET AND NUMBER	
Vernon		Burdley		1007 Adobe Cr.	
MARRIAGE		MARRIAGE ADDRESS		INSIDE CITY LIMITS (Specify Yes or No)	
Neil Blackwood (husband)		1007 Adobe Cr.		Boulder City, Nevada 89005	
RUBIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - NAME		LOCATION (City or Town)	
Burial		Eden Vale		Las Vegas - Nevada	
GENERAL DIRECTOR'S SIGNATURE (In Presence of Signer)		NAME AND ADDRESS OF FACILITY		CITY OR TOWN	
<i>Lee Marshall</i>		Bunker Mortuary		Las Vegas, Nevada	
21a. In the best of my knowledge, death occurred at the time, date and place stated.		22a. On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.			
DATE SIGNED (Mo., Day, Year)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Year)	
2/2/84		11:15pm		2/2/84	
NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print)		22b. Pronounced Dead (Mo., Day, Year)		Pronounced Dead (Mo., Day, Year)	
I. Khan M.D.		2/2/84		2/2/84	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		DEATH DUE TO COMMUNICABLE DISEASE	
I. Khan M.D., 1905 McDaniel, North Las Vegas, Nevada		FEB 23, 1984		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. Registrar		24b. Immediate Cause (Enter only one cause per line for (a), (b) and (c))		Interval between onset and death	
S. H. Henderson, M.D.		Advanced coronary atherosclerosis and hypertension			
PART 1		24c. Due to, or as a consequence of		Interval between onset and death	
		Dilated cardiac failure			
PART 2		24d. Other significant conditions - Conditions contributing to death but not related to cause given in Part 1 (a)		Interval between onset and death	
		Hypertension			
25a. Acc. Sucker, Non-Fatal, or Pending Inquest (Specify)		DATE OF INJURY (Mo., Day, Year) HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
25b. Injury at work (Specify Yes or No)		25c. PLACE OF INJURY - All hotels, inns, dining, lodging, office buildings, etc. (Specify)		25d. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

45459

VITAL RECORDS

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 440.176.

NOT VALID WITHOUT THE RECORDED AT REQUEST OF CITY OF RAYENHOLT, M.D.
 RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT
 Bruce C. Woodburn, Registrar of Vital Statistics
 BOOK 123 PAGE 575

04 JUL 6 1984
 Date Issued FEB 24 1984



OFFICIAL RECORDS
 CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane, P.O. Box 4426
 Las Vegas, Nevada 89127
 702-388-1223

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