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AFFIDAVIT FOR TERMINATION OF
JOINT TENANCY

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STATE OF NEVADA)
) ss.
County of Eureka)

VALAIRE CHRISTIANSEN HULL, being first duly sworn,
deposes and says: That NEIL A. BLACKWOOD, her father, died at
Boulder City, Nevada, on the 28th day of June, 1988, a copy of
the death certificate of said decedent is hereto attached and
by reference incorporated into and made a part of this Affidavit.

That said NEIL A. BLACKWOOD was a joint tenant, with
affiant and LISA ANNE CHRISTIANSEN in the following described
property located in the townsite of Eureka, Nevada:

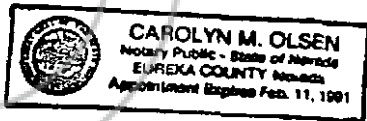
All of Lots 4, 5, and 6 in Block 55.
A portion of Lot 3, in Block 55 as
follows: Beginning at the SW Corner
of Lot 3, in Block 55, thence N. 11°
43'W., a distance of 41.40 feet to a
point on the West Sideline of Lot 3,
thence N. 78°17' E., a distance of
82.39 feet to a point on the Wester-
ly Highway R/W line, thence S. 28°
24' 50' W., a distance of 54.04 feet
to a point on the South Sideline of
Lot 3, thence S. 78°17' W., a distance
of 47.69 feet to the SW Corner of Lot 3,
the place of beginning.

FURTHER AFFIANT SAYETH NOT.

SUBSCRIBED and SWORN TO BEFORE
me this 11th day of July, 1988.

Valaire Christiansen Hull
VALAIRE CHRISTIANSEN HULL

Carolyn M. Olsen
NOTARY PUBLIC



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

LOCAL FILE NUMBER		LAST		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Deceased - Name First Middle		2. Blackwood		3. June 28, 1988		4. Clark	
5. City, Town or Location of Death		6. Hospital or Other Institution - Name, if not other, give street and number		7. Intention (Specify Yes or No)		8. Home in the State (Specify Yes or No)	
9. Boulder City		10. 1007 Adobe Circle		11. Yes		12. Yes	
13. Race - (e.g. White, Black, American Indian, etc.)		14. Ethnic		15. Age - Last (Months, Days, Hours, Mins)		16. Date of Birth (Month, Day, Year)	
17. White		18. American		19. 73		20. Nov. 29, 1914	
19. State of Birth (If not U.S.A. name country)		20. Citizen of what country		21. Married, Never Married, Widowed, Divorced		22. Surviving Spouse of wife (Specify Yes or No)	
23. Nevada		24. USA		25. Widowed		26. Yes	
27. Social Security Number		28. Usual Occupation (Specify kind of work done during most of Working Life - Name of Business)		29. Kind of Business or Industry		30. Name of Employer (Specify Yes or No)	
31. -1075		32. Engineer		33. Copper		34. Yes	
35. Residence - State		36. County		37. City, Town or Location		38. Street and Number	
39. Nevada		40. Clark		41. Boulder City		42. 1007 Adobe Circle	
43. Father - Name First Middle Last		44. Mother - Name First Middle Last		45. Name and Address (Street or R.F.D. No., City or Town, State, Zip)		46. Name and Address (Street or R.F.D. No., City or Town, State, Zip)	
47. Terrence A. Blackwood		48. Agnes Marie Bro		49. P.O. Box 67, Eureka, Nevada 89316		50. P.O. Box 67, Eureka, Nevada 89316	
51. Burial		52. Cemetery or Crematory - Name		53. Location (City or Town)		54. Location (City or Town)	
55. Eden Vale Cemetery		56. Las Vegas Nev		57. Las Vegas Nev		58. Las Vegas Nev	
59. Funeral Director - Name and Address (Specify if other than mortuary)		60. Name and Address of Facility		61. Name and Address of Facility		62. Name and Address of Facility	
63. Bunker Mortuary		64. Bunker Mortuary		65. Bunker Mortuary		66. Bunker Mortuary	
67. 925 Las Vegas Blvd. No., Las Vegas, Nevada 89109		68. 925 Las Vegas Blvd. No., Las Vegas, Nevada 89109		69. 925 Las Vegas Blvd. No., Las Vegas, Nevada 89109		70. 925 Las Vegas Blvd. No., Las Vegas, Nevada 89109	
71. Signature and Title		72. Date Signed (Month, Day, Year)		73. Signature and Title		74. Date Signed (Month, Day, Year)	
75. 6/29/88		76. 6/29/88		77. 11:05 A.M.		78. 11:05 A.M.	
79. Name of Attending Physician or Other Than Certifier (Specify if None)		80. Name of Attending Physician or Other Than Certifier (Specify if None)		81. Name of Attending Physician or Other Than Certifier (Specify if None)		82. Name of Attending Physician or Other Than Certifier (Specify if None)	
83. Arnold Wax, M.D. 3387 S. Eastern Las Vegas Nv. 89109		84. Arnold Wax, M.D. 3387 S. Eastern Las Vegas Nv. 89109		85. Arnold Wax, M.D. 3387 S. Eastern Las Vegas Nv. 89109		86. Arnold Wax, M.D. 3387 S. Eastern Las Vegas Nv. 89109	
87. Registrar		88. Date Received by Registrar (Month, Day, Year)		89. Death Due to Communicable Disease		90. Death Due to Communicable Disease	
91. Immediate Cause (Enter only one cause per line for all and list)		92. Immediate Cause (Enter only one cause per line for all and list)		93. Immediate Cause (Enter only one cause per line for all and list)		94. Immediate Cause (Enter only one cause per line for all and list)	
95. Liver Failure		96. Liver Failure		97. Liver Failure		98. Liver Failure	
99. Due to or as a consequence of		100. Due to or as a consequence of		101. Due to or as a consequence of		102. Due to or as a consequence of	
103. Metastatic Colo-Rectal Carcinoma to Liver		104. Metastatic Colo-Rectal Carcinoma to Liver		105. Metastatic Colo-Rectal Carcinoma to Liver		106. Metastatic Colo-Rectal Carcinoma to Liver	
107. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part 1		108. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part 1		109. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part 1		110. Other Significant Conditions - Conditions contributing to death but not related to cause given in Part 1	
111. Date of Injury (Month, Day, Year)		112. Hour of Injury		113. Describe How Injury Occurred		114. Describe How Injury Occurred	
115. Place of Injury - (at home, farm, school, factory, office, building, etc. Specify)		116. Location		117. Street or R.F.D. No.		118. City or Town	
119. State		120. State		121. State		122. State	

N:77836

VITAL RECORDS

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

Date Issued: JUL 1 1988



CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 4426
 Las Vegas, Nevada 89127 BOOK 180 PAGE 274
 702-383-1223

RECORDED AT THE REQUEST OF

BOOK 180 PAGE 273

Johnston Lloyd

88 JUL 11 P2:34

OFFICIAL RECORDS
EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER

FILE NO. FEE \$ 8.00

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