

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF ~~CLARK~~ ^{EUREKA} } ss.

Geraldine M. Steinbach, 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.

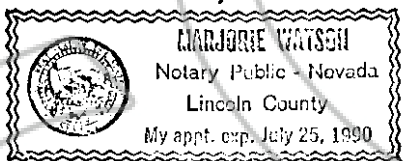
That affiant is _____ the person named as Geraldine M. Steinbach, one of the grantees in that certain deed recorded March 8, 1979 as Document No. 67908 in Book 69, Page 227, of Deeds, in the office of the County Recorder of ~~Clark~~ ^{Eureka} County, State of Nevada.

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

Geraldine M. Steinbach

Subscribed and sworn to before me this 20th day of February, 1990

Marjorie C. Watson
Notary Public in and for said
County and State



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

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1 Michael Clark		STEINBACH		2 August 14, 1986		3a Clark	
3b City, Town, or Location of Death		3c Hospital or Other Institution—Name (if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)		3e If Hosp. or Inst. indicate DOA, OP, Emer, Am. Inpatient (Specify)	
3b Las Vegas		3c University Medical Center		3d Yes		3e Inpatient	
4a RACE—(e.g., White, Black, American Indian, etc.) (Specify)		4b ETHNIC		5a AGE—Last Birthday (Years)		5b UNDER 1 YEAR MOS : DAYS	
4a White		4b German/Danish		5a 65		5b	
6 STATE OF BIRTH (if not U.S.A., name country)		7 CITIZEN OF WHAT COUNTRY		8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		9 SURVIVING SPOUSE (if wife, give maiden name)	
6 Washington		7 U.S.A.		8 Married		9 Geraldine Marsh	
10 SOCIAL SECURITY NUMBER		11 USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		12 KIND OF BUSINESS OR INDUSTRY		13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
10		11 Electrical Technician		12 Electric Company		13 Yes	
14a RESIDENCE—STATE		14b COUNTY		14c CITY, TOWN, OR LOCATION		14d STREET AND NUMBER	
14a Nevada		14b Lincoln		14c Alamo		14d P.O. Box 395	
15a FATHER—NAME First Middle Last				15b MOTHER—MAIDEN NAME First Middle Last			
15a Joseph Timothy Steinbach				15b Florence Clark			
16 INFORMANT—NAME (Type or Print)				17 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
16a Geraldine Steinbach				17 P.O. Box 395, Alamo, Nevada 89001			
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)		18b CEMETERY OR CREMATORY—NAME		18c LOCATION (City or Town, State)		18d	
18a Cremation		18b Memory Gardens		18c Las Vegas, Nevada		18d	
19a FUNERAL DIRECTOR—SIGNATURE (or Person Acting as Such)		19b NAME AND ADDRESS OF FACILITY		19c		19d	
19a <i>Dorcas Skalen</i>		19b Bunker Mortuary 925 Las Vegas Blvd. No., Las Vegas, Nevada 89101		19c		19d	
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				21b (Signature and Title)			
21a <i>Alan M. Myers M.D.</i>				21b <i>Alan M. Myers M.D.</i>			
21c DATE SIGNED (Mo., Day, Yr.)		21d HOUR OF DEATH		21e (Signature and Title)		21f DATE SIGNED (Mo., Day, Yr.)	
21c 8/14/86		21d 8:00 A.M.		21e		21f	
22a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22b PRONOUNCED DEAD (Mo., Day, Yr.)		22c PRONOUNCED DEAD (Hour)	
22a Alan Myers M.D. 650 Shadow Ln., Las Vegas, Nev.				22b ON		22c AT	
23 REGISTRAR				24a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		24b DEATH DUE TO COMMUNICABLE DISEASE	
23 <i>Sabine Henderson Deputy</i>				24a AUG 15 1986		24b 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)		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death		1 year	
PART I (b)		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART I (c)		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				26 AUTOPSY (Specify Yes or No)		27 WAS CASE REFERRED TO CORONER (Specify Yes or No)	
PART II				26 No		27 No	
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	
28a		28b		28c		28d	
28e INJURY AT WORK (Specify Yes or No)		28f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		28g LOCATION		28h STREET OR R.F.D. No.	
28e		28f		28g		28h	

No 59297

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 440.175.

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

OTTO RAVENHOLT M.D.
 Registrar of Vital Statistics

By: *[Signature]*

Date Issued: AUG 18 1986

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 4426

Las Vegas, Nevada 89127 BOOK 209 PAGE 218

702-383-1223

COPY

132017
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
BOOK 209 PAGE 217
Geraldine Sternbach
90 MAR 19 AM 57

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE \$7.00

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