

WHEN RECORDED MAIL TO:
OLD REPUBLIC TITLE
1601 S. RAINBOW BLVD.
SUITE 130
LAS VEGAS, NEVADA 89120

159797

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF CLARK
ss. }

Rose Jaffey, 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 Rose Jaffey the person named as one of the grantees in that certain deed recorded July 23, 1993 as Document No. 145974 in Book 249, Page 377 of Bureau in the office of the County Recorder of Clark County, State of Nevada. That Ben Jaffey was one of the grantees named in said deed and was the identical person named as Benjamin Jaffey the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

APR: 5-170-06

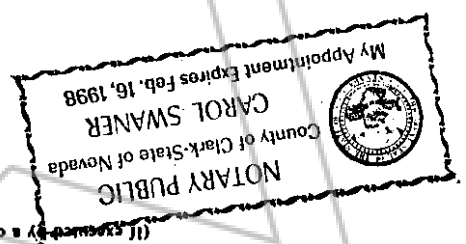
ROSE JAFFEY
Rose Jaffey

STATE OF Nevada
COUNTY OF Clark
ss. }

On this 18th day of October, 1995, personally appeared before me, a Notary Public in and for said Clark County, Rose Jaffey

known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned. WITNESS my hand and official seal.

Carol Jaffey
NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE



(If executed by a corporation the corporation form of acknowledgment must be used)

BOOK 289 PAGE 376

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

DECEASED-NAME Benjamin JAFFE		CITY, TOWN, OR LOCATION OF DEATH Las Vegas		FACE (e.g., White, Black, American Indian, etc.) White		RACE (e.g., White, Black, American Indian, etc.) White		DATE OF BIRTH September 17 1914		STATE OF BIRTH New York		CITIZEN OF WHAT COUNTRY USA		DECEDENT'S EDUCATION, Specify highest grade completed 10		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		SURVIVING SPOUSE (if wife, give maiden name) Rose Mazza		RESIDENCE-STATE Nevada		COUNTY Clark		CITY, TOWN, OR LOCATION Las Vegas		STREET AND NUMBER 3930 Swenson #511		INSIDE CITY LIMITS No					
FATHER-NAME Isador JAFFE		MOTHER-MAIDEN NAME Ida JAFFE		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida		FATHER-NAME Isador		MOTHER-MAIDEN NAME Ida			
INFORMANT-NAME (Type or Print) Rose Jaffee - wife		Mailing Address 3930 Swenson #511 Las Vegas Nevada 89119		BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY-NAME Palm Crematory		LOCATION Las Vegas Nevada		FUNERAL DIRECTOR-SIGNATURE (Or Person Acting as Such)		FUNERAL HOME Palm Mortuary 1325 No. Main St. Las Vegas, Nevada		DATE SIGNED (Mo., Day, Yr.) 7/11/90		HOUR OF DEATH 2:54 P.M.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) To be completed by Certifying Physician		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 12 1990		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Bryon Lipson M.D. 1750 East Desert Inn Road Las Vegas NV		LICENSE NUMBER 5697		REGISTRAR Bryon Lipson M.D.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JUL 12 1990		CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE		CAUSE OF DEATH CAUSE LAST	
PART I 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) 21c. HOUR OF DEATH 21d. DATE SIGNED (Mo., Day, Yr.) 21e. HOURS OF DEATH		PART II 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) and manner stated. 22a. (Signature and Title) 22b. DATE SIGNED (Mo., Day, Yr.) 22c. HOURS OF DEATH 22d. ON PRONOUNCED DEAD (Mo., Day, Yr.) 22e. PRONOUNCED DEAD (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER		24a. (Signature) 24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) 25a. IMMEDIATE CAUSE 25b. IMMEDIATE CAUSE 25c. IMMEDIATE CAUSE		26. DUE TO, OR AS A CONSEQUENCE OF 26a. DUE TO, OR AS A CONSEQUENCE OF 26b. DUE TO, OR AS A CONSEQUENCE OF		27. INTERVAL BETWEEN ONSET AND DEATH 27a. INTERVAL BETWEEN ONSET AND DEATH 27b. INTERVAL BETWEEN ONSET AND DEATH		28. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 28a. AUTOPSY (Specify Yes or No) 28b. WAS CASE REFERRED TO CORONER (Specify Yes or No)		29. DATE OF INJURY (Mo., Day, Yr.) 29a. DATE OF INJURY (Mo., Day, Yr.) 29b. HOUR OF INJURY		30. DESCRIBE HOW INJURY OCCURRED 30a. DESCRIBE HOW INJURY OCCURRED 30b. DESCRIBE HOW INJURY OCCURRED		31. PLACE OF INJURY—All home, farm, street, factory, office, building, etc. (Specify) 31a. PLACE OF INJURY—All home, farm, street, factory, office, building, etc. (Specify) 31b. PLACE OF INJURY—All home, farm, street, factory, office, building, etc. (Specify)		32. LOCATION 32a. LOCATION 32b. LOCATION		33. STREET OR R.F.D. No. 33a. STREET OR R.F.D. No. 33b. STREET OR R.F.D. No.		34. CITY OR TOWN 34a. CITY OR TOWN 34b. CITY OR TOWN		35. STATE 35a. STATE 35b. STATE					

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



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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *OT*

Date Issued: JUL 12 1990

No. 017828

BOOK 289 PAGE 377

COPY

159797

BOOK 289 PAGE 376
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Low County City
95 NOV - 1 PM 3:39
EUREKA COUNTY NEVADA
M.N. REBALANTI, RECORDER
FILE NO. FEES \$9.00