

**Affidavit-Termination of Joint Tenancy
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 01-076-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: Edna Louise Clark
Address: P.O. Box 873
City/State/Zip: Eureka, NV 89316

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Edna Louise Clark
2005 SEP -9 AM 11:25
EUREKA COUNTY, NEVADA
M.H. REBELEATH RECORDER
FILE NO. FEES 15⁰⁰

200966

I, Edna Louise Clark, the Affiant, being of legal age, and being first duly sworn,
deposes and says:
That Wallace Milton Clark, the decedent mentioned in the
(Deceased Name as shown on Death Certificate)
attached certified copy Certificate of Death, is the same person as Wallace M. Clark
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant Bargain Sale Deed,
(Type of Document)
dated on the 15th day of April, 1998, and executed by Aneata DiMartin
Garcia, Irene (Jean) Young etc, known as "Grantor(s)" to Wallace M Clark, Edna Louise Abercrombie
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. _____, on the
15th day of April 1997, in book 307 pg 297, of Official Records of
Eureka County, Nevada, covering the following described property situated in the City of
Eureka County of Eureka State of Nevada.
(Set forth legal description and commonly known street address, if known)
Lots 5,6,7,8 of Block 3, as the same are delineated and described on the
Official Plat or Map of the Townsite of Eureka, approved by the United States
General Land Office on November 19, 1937, on file in the office of the County
Recorder of Eureka County, Nevada. Together with all and singular the tenements,
hereditaments and appurtenances thereunto belongin or in any wise appertaining.

That value of all real property owned by decedent at date of death, including the full value of the property above described, did
not exceed the sum of \$ 15,000.00

In witness Whereof, I/We have hereunto set my hand/our hands this 9th day of Sept, 2005

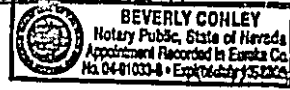
E. Louise Clark
(Signature)
Edna Louise Clark
(Print or type name here)

(Signature)

(Print or type name here)

STATE OF NEVADA)
COUNTY OF EUREKA)
This instrument was acknowledged before me on (date) September 9, 2005
By (person(s) appearing before notary public) E Louise Clark

Beverly Conley
(Notary Public)
My Commission expires: 8/13/08



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME (Type of Name) First Middle Last Wallace Milton CLARK		DATE OF DEATH (Month, Day, Year) 2 October 17, 2002	
CITY, TOWN OR LOCATION OF DEATH Las Vegas		COUNTY OF DEATH Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number) Nathan Adelson Hospice - Swenson		If Hosp. or inst. indicate DOA, OP, Ltr. Pm, Hospice (Specify) Inpatient	
RACE—(1) White, Black, American Indian, etc. (Specify) White		SEX Male	
Was Decedent of Hispanic Origin? Specify (1) yes (2) no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6		AGE—Last Birthday (Years) 7A 88	
DATE OF BIRTH (Mo., Day, Yr.) June 10, 1914		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 12 Widowed	
STATE OF BIRTH (If not U.S.A., name country) Nevada		CITIZEN OF WHAT COUNTRY 10 USA	
SOCIAL SECURITY NUMBER 11		DECEDENT'S F. J. STATUS. Specify highest grade completed. 11 12	
USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired) 14a Machinist		KIND OF BUSINESS OR INDUSTRY 14b Food Processing	
RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION 15a Nevada Clark		STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No) 15b 191 E. Thomas St. 15c Yes	
FATHER—NAME (Type of Name) Wallace Miller Clark		MOTHER—MAIDEN NAME Blanche Luper	
PERFORMANT—NAME (Type of Person) Brian D. Clark		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18a 33337 41st. Ave. S.W. Federal Way, WA 98023	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Cremation		CEMETERY OR CREMATORY—NAME LOCATION City or Town State 19b Nevada Funeral Service- Nevada Cremation or Burial Soc. 19c Las Vegas, Nevada	
FUNERAL DIRECTOR—SIGNATURE (If Person) 20a [Signature]		FUNERAL DIRECTOR LICENSE NUMBER NAME AND ADDRESS OF FACILITY 20b 41 NV Funeral Service-NV Cremation or Burial Society 20c 2983 Fremont St., Las Vegas, NV 89104	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a [Signature]		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]	
DATE SIGNED (Mo., Day, Yr.) 21b 10/18/02		HOUR OF DEATH 21c 4:50AM	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a Teresa L. Hanlon, MD, 4141 Swenson, Las Vegas, NV 89119		LICENSE NUMBER 23c 5947	
REGISTRAR 24a [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEATH DUE TO COMMUNICABLE DISEASE 24b OCT 21 2002 24c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) bowel obstruction		Interval between onset and death	
PART (1) DUE TO, OR AS A CONSEQUENCE OF,		Interval between onset and death	
PART (2) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		Interval between onset and death	
26. ACC. BRUISE, HONL. UNDEF. OR PENDING INVEST. (Specify) 26a		DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY DESCRIBE HOW INJURY OCCURRED 26b 26c 26d	
27. INJURY AT WORK (Specify Yes or No) 27a		PLACE OF INJURY—At home, in n. street, factory, office building, etc. (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 27b 27c 27d	

STATE REGISTRAR

No. 224718

"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.

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: *[Signature]*
 Date Issued:

OCT 22 2002

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573

200967

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