

Official RecordRecording requested By
UDEED

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: FS

Book- 0472 Page- 0179



0211805

APN: 05-200-19

R.P.T.T.: \$0.00

Recording Requested By:A.W. Poehlman
6625 Pickford Lane
Las Vegas, NV 89107**After Recording Mail To:**uDeed, LLC - 11586
9041 South Pecos Boulevard, Suite 3900
Henderson, NV 89074**Send Subsequent Tax Bills To:**A.W. Poehlman
6625 Pickford Lane
Las Vegas, NV 89107**AFFIDAVIT TERMINATING JOINT TENANCY**

TITLE OF DOCUMENT

The undersigned, **A.W. Poehlman** of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Sandra Howard Poehlman** having become deceased on **February 6, 1978**, pursuant to the attached certified copy Certificate of Death, is the same person as **Sandra H. Poehlman** named as one of the parties in that certain **Deed** by **Cattlemen's Title Guarantee Company, a Nevada corporation** to **A.W. Poehlman and Sandra H. Poehlman, husband and wife as joint tenants with rights of survivorship**, recorded in Book **130**, at Page **492** of Official Records of the Eureka County Recorder's Office, Eureka County, State of Nevada.

2. The real property subject hereof is situated in the County of **Eureka**, State of **Nevada**, bounded and described as follows:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B. & M., SECTION 17, SE ¼ SW ¼ NW ¼.

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded in Book **130**, at Page **492** in Eureka County Records, Eureka County, Nevada.

3. That the undersigned affiant, **A.W. Poehlman**, is the surviving spouse and joint tenant of the named decedent.

DATED this 27th day of March, 20 08.

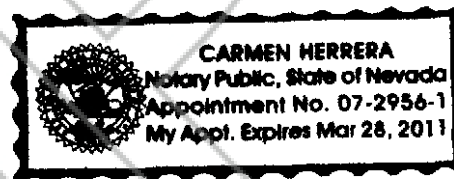
A.W. Pohlman
A.W. Pohlman

STATE OF Nevada
COUNTY OF Clark SS

SUBSCRIBED AND SWORN before me this 27th day of March, 20 08,
by **A.W. Pohlman**.

NOTARY STAMP/SEAL

[Signature]
Notary Public
Personal Banker
Title and Rank
My Commission Expires: Mar 28, 2011



I, **A.W. Pohlman**, hereby affirm that this document submitted for recording does contain a social security number.

A.W. Pohlman
Signature

Affiant
Title

A.W. Pohlman
Printed Name



0211805

Book 472 05/01/2008
Page 180 Page 2 of 3

THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW (sec. 193.315, RSMo 1994)

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the _____
 _____ in the permanent records of the Bureau of Vital Statistics of the Missouri
 _____ State. Witness my hand as State Registrar of Vital Statistics and the Seal of the
 _____ for Services this date of _____

Ivra J. Cross
Ivra J. Cross
State Registrar of Vital Statistics

MAR 2 2 2006

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH (PHYSICIAN, MEDICAL EXAMINER OR CORONER)									
LED FEB 22 1978 CERTIFICATE OF DEATH									
REGISTRATION DISTRICT NO.		72		PRIMARY REGISTRATION DISTRICT NO.		3013		STATE FILE NUMBER	
						124 78		004010	
DECEDENT-NAME FIRST MIDDLE LAST		Sandra Howard Poehlman		SEX		Female		DATE OF DEATH (Mo., Day, Yr.)	
1. Sandra Howard Poehlman								3 Feb. 6, 1978	
RACE - (e.g., White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MINS.		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
4 White	5a 49	5b		5c		Jan. 7, 1929		Clay	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)					
7a No. Kansas City,				North Kansas City Memorial Hospital					
STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES?	
8 Arkansas		9 U.S.A.		10 Married		Arthur William Poehlman		12 XX YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY	
[REDACTED]				14a Lawyer				14b Law	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION AND ZIP CODE		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a Missouri		15b Platte		15c Platte City		15d Rt. 1		15e No	
FATHER - NAME FIRST MIDDLE LAST		ROBERT NMI HOWARD		MOTHER - MAIDEN NAME FIRST MIDDLE LAST		JENNIE NMI LEATHERWOOD			
INFORMANT - NAME (Type or Print)				MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP					
18a Arthur William Poehlman				Rt. 1-Platte City, Missouri 64079					
BURIAL CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE			
19a Burial				19b Family Cemetery		19c Platte City Platte County-Missouri			
FUNERAL SERVICE LICENSEE Or Person Acting As Such (Signature)				NAME OF FACILITY		ADDRESS OF FACILITY			
20a [Signature] #468				20b Rollins Funeral Home		20c Platte City, Mo. 64079			
REGISTRAR				DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)					
21a Signature Charles J. Claassen by ros				21b 2-17-78					
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature and Title: Carl M. Myers MD DATE SIGNED (Mo., Day, Yr.): 2/7/78 HOUR OF DEATH: 12 50 AM NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): 22d CARL M. MYERS BOX 990 PLATE CITY, MO 64079				23a 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) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr.): 2/10/78 HOUR OF DEATH: 12 50 AM PRONOUNCED DEAD (Mo., Day, Yr.): 2/6/78 AT 12 50 AM MO LICENSE NO.: 35257 IF HOSP. DR. (ST indicate U.S.A. OP/Emer. Rm., Inpatient /Specify) 25 INPT.					
PART I IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). 1a Cardiac respiratory arrest 1b Due TO OR AS A CONSEQUENCE OF Malignant Glioma of Brain 1c DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death 5 min Interval between onset and death 2 days Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a): none				AUTOPSY (Specify Yes or No) 27 yes		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) 28 yes			
AGE, SUICIDE FROM UNDERTAKING INVEST? Spec		DATE OF INJURY Mo., Day, Yr.		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
29a									
INJURY AT WORK (Specify)									
29b									