



0211805

APN: 05-200-19R.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 27<sup>th</sup> day of March, 20 08.

A.W. Poehlman  
A.W. Poehlman

STATE OF Nevada

COUNTY OF Clark

SS

SUBSCRIBED AND SWORN before me this 27<sup>th</sup> day of March, 20 08,  
by **A.W. Poehlman**.

NOTARY STAMP/SEAL

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



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

A.W. Poehlman  
Signature

\_\_\_\_\_  
Affiant  
Title

A.W. Poehlman  
Printed Name

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT.  
(Do not accept if rephotographed, or if seal impression cannot be felt.)

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

STATE OF MISSOURI }  
CITY OF JEFFERSON } SS I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Statistics of the Missouri Department of Health and Senior Services. Witness my hand as State Registrar of Vital Statistics and the Seal of the Missouri Department of Health and Senior Services this date of

*Ira J. Cross*  
Ira J. Cross  
State Registrar of Vital Statistics

MAR 22 2006

LED.

S 300  
ex. 1778

DECEDENT

DEATH OCCURRED IN INSTITUTION HANDBOOK REGARDING REPORTING OF DEATH

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

DEPARTMENT OF SOCIAL SERVICES - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN - MEDICAL EXAMINER OR CORONER)  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
124 78 004010

FEB 22 1978

REGISTRATION DISTRICT NO. 72 PRIMARY REGISTRATION DISTRICT NO. 3013 REGISTRAR'S NO. 69

1. DECEDENT - NAME				2. SEX	3. DATE OF DEATH (Mo., Day, Yr.)
Sandra Howard Foehlman				Female	Feb. 6, 1978
4. RACE - (e.g., White, Black, American Indian, etc.) (Specify)	5a. AGE - Last Birthday (Yrs.)	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.)	7. COUNTY OF DEATH
White	49			Jan. 7, 1929	Clay
7a. CITY, TOWN OR LOCATION OF DEATH			7b. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)		
No. Kansas City,			North Kansas City Memorial Hospital		
8. STATE OF BIRTH (If not in U.S.A., same country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Arkansas	U.S.A.	10. Married	Arthur William Foehlman		XX YES <input type="checkbox"/> NO
13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14b. KIND OF BUSINESS OR INDUSTRY
[REDACTED]			Lawyer		Law
15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION AND ZIP CODE		15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Missouri	Platte	Platte City		Rt. 1	NO
16. FATHER - NAME (Type or Print)			17. MOTHER - MAIDEN NAME (Type or Print)		
Robert NMI Howard			Jennie NMI Leatherwood		
18a. INFORMANT - NAME (Type or Print)			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)		
Arthur William Foehlman			Rt. 1 - Platte City, Missouri 64079		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)			19b. CEMETERY OR CREMATORY - NAME		19c. LOCATION (City or Town, State)
Burial			Family Cemetery		Platte City, Missouri
20a. FUNERAL SERVICE LICENSE OR Person Acting (Specify)			20b. NAME OF FACILITY		20c. ADDRESS OF FACILITY
[Signature]			Rollins Funeral Home		Platte City, Mo. 64079
21a. REGISTRAR (Signature)				21b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
Charles J. Crasen by [Signature]				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.			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: Carl M. Myers MD			Signature and Title: [Signature]		
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
2/17/78		12 50 AM M		2/10/78	
22d. NAME OF ATTENDING PHYSICIAN (Type or Print)			23b. PRONOUNCED DEAD (Mo., Day, Yr.)		23c. PRONOUNCED DEAD (Hour)
CARL M. MYERS			2/6/78		12 50 AM M
24a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)				24b. MO. LICENSE NO.	
CARL M. MYERS BOX 990 PLATTE CITY, MO 64079				35257	
25. IF HOSP. DR. (ST. Indicate D.O.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				Interval between onset and death: 5 min	
1b. Malignant Glioma of Brain				Interval between onset and death: 2 days	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)					
none					
27. AUTOPSY (Specify Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)			
yes		yes			
29a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. Spec.		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
29b. INJURY AT WORK (Specify)		29c. (C.O.I.)		29d. (C.O.I.)	
29e. (C.O.I.)		29f. (C.O.I.)		29g. (C.O.I.)	

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IF DECEASED WAS FEMALE  
WAS THERE A PREGNANCY  
IN LAST 90 DAYS  
30.  YES  NO  UNK