

APN: 005-500-11

When Recorded Mail to:

Robert L. Morris, Esquire
JEFFREY BURR
2600 Paseo Verde Parkway, Suite 200
Henderson, NV 89074

Mail Tax Statements to:

MICHAEL W. HOBACK
3249 Uribe Street
Las Vegas, NV 89129



0212176

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF Eureka)

MICHAEL W. HOBACK, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant is the son of IVAN T. HOBACK, Deceased, one of the grantees in that certain deed recorded December 4, 1985, in Book 140, Page 484, Document No. 101075, of Official Records in the Office of the County Recorder of Clark County, Nevada.

That IVAN T. HOBACK, one of the grantees in said deed, is the Decedent in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.

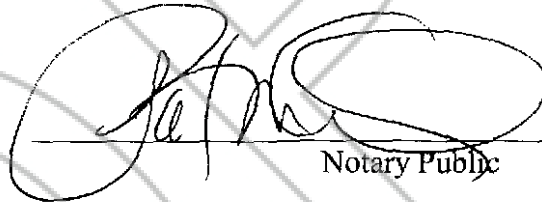
The real property is located in Eureka County, described as follows:

Township 29 North, Range 49 East, M. D. B. & M.
Section 7: NE1/4 NE1/4


MICHAEL W. HOBACK

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

On this 2nd day of ~~March~~ JUNE, 2008, personally appeared before me the undersigned, a Notary Public in and for the said Clark County, State of Nevada, MICHAEL W. HOBACK, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.



Notary Public

008569

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last 1. Ivan Taylor HOBACK			DATE OF DEATH (Month, Day, Year) 2. Dec 28, 1995		COUNTY OF DEATH 3a. Clark
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH 3b. Las Vegas		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Nathan Adelson Hospice		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) 3e. Inpatient	SEX 4. Male
	RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 68	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) 9a. Nebraska		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 12. Barbara Dimond
	SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Electrician / Retired		KIND OF BUSINESS OR INDUSTRY 14b. IBEW 357	
PARENTS	RESIDENCE—STATE COUNTY 15a. Nevada Clark		CITY, TOWN, OR LOCATION 15c. Las Vegas		STREET AND NUMBER 15d. 4737 Esplanade Way	
	FATHER—NAME First Middle Last 16. Charles William Hoback			MOTHER—MAIDEN NAME First Middle Last 17. Leona Iva Taylor		
DISPOSITION	INFORMANT—NAME (Type or Print) 18a. Barbara Hoback - Wife		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 4737 Esplanade Way, Las Vegas, NV 89121			
	BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Palm Valley View Cemetery		LOCATION City or Town State 19c. Las Vegas Nevada	
CERTIFIER	FUNERAL DIRECTOR—SIGNATURE (Or Person, Licenses Same) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 27		NAME AND ADDRESS OF FACILITY 20c. Palm Mortuary 7600 S. Eastern Ave., Las Vegas, Nevada 89123	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 21b. 1/2/96			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. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 22b. : HOUR OF DEATH 21c. 2:20 PM 22c. : PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON 22e. AT		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Stephen Billmyer, M.D. 3006 South Maryland Parkway Las Vegas Nevada 89109				LICENSE NUMBER 23b. 6244	
	REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) JAN 04 1996		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I (a) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF:					: months
	(b) _____ DUE TO, OR AS A CONSEQUENCE OF:					: _____
	(c) _____ DUE TO, OR AS A CONSEQUENCE OF:					: _____
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Obstructive Lung Disease			AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. Yes	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.		
	INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE		

No. 86075

STATE REGISTRAR

"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: **JAN 08 1996**