

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

ASSESSOR'S PARCEL NO. (APN#): 07-140-01

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Barbara J. Heard

Address: 8035 W. Craig Road

City/State/Zip: Las Vegas, NV 89129

**DOC # 0212675**

10/24/2008 2:50 PM

**Official Record**

Recording requested By  
HEARD, BARBARA J

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LLH

Book- 0481 Page- 0027



0212675

I, Barbara J. Heard, the Affiant, being of legal age, and being first duly sworn,  
deposes and says:  
That Lloyd Lee Heard, the decedent mentioned in the  
(Deceased Name as shown on Death Certificate)

attached certified copy Certificate of Death, is the same person as Lloyd L. Heard  
(Deceased Name as shown on Deed)

named as one of the parties in that certain Grant Bargain and Sale Deed,  
(Type of Document)  
dated on the 4th day of August, 2006, and executed by  
Laurel C. Marshall, known as "Grantor(s)" to Lloyd L. & Barbara J. Heard,  
known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. 205691, on the  
4th day of August, 2006, in book 440 Page 222, 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 3-6 Section 6 Township 22 Range 54  
MDB&M**

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 \$ \_\_\_\_\_

In witness Whereof, I/We have hereunto set my hand/our hands this 24th day of October, 2008

Barbara J. Heard  
(Signature)

Barbara J. Heard

(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) October 24, 2008

By (person(s) appearing before notary public) Barbara J. Heard

Glady Goicoechea  
(Notary Public)  
My Commission expires: July 10, 2010



**GLADY GOICOECHEA**  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
(Notary Stamp)  
Expires July 10, 2010

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2008010106**

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Lloyd Lee HEARD</b>			2 DATE OF DEATH (Mo/Day/Year) <b>June 30, 2008</b>			3a COUNTY OF DEATH <b>Clark</b>		
3b CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>			3c HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Centennial Hills Hospital</b>			3e If Hosp or Inst indicate DOA, OP, Emer Rm Inpatient (Specify) <b>Inpatient</b>		
5 RACE White (Specify)			6 Hispanic Origin? Specify No - Non-Hispanic			7a AGE - Last birthday (Years) <b>66</b>		
9a STATE OF BIRTH (If not U.S.A., name country) <b>Arkansas</b>			9b CITIZEN OF WHAT COUNTRY <b>United States</b>			10 EDUCATION <b>6</b>		
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			12 SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara GRIGGS</b>			8 DATE OF BIRTH (Mo/Day/Yr) <b>March 03, 1942</b>		
13 SOCIAL SECURITY NUMBER			14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Operating Engineer</b>			14b KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		
15a RESIDENCE - STATE <b>Nevada</b>			15b COUNTY <b>Clark</b>			15c CITY, TOWN OR LOCATION <b>Las Vegas</b>		
15d STREET AND NUMBER <b>8035 W Craig Road</b>			15e INSURE CITY LIMITS (Specify Yes or No) <b>Yes</b>			Ever in US Armed Forces? <b>No</b>		
16 FATHER NAME (First Middle Last Suffix) <b>Edward HEARD</b>			17 MOTHER NAME (First Middle Last Suffix) <b>Leptta CONARD</b>					
18a INFORMANT NAME (Type or Print) <b>Barbara HEARD</b>			18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>8035 W Craig Road Las Vegas, Nevada 89129</b>					
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>			19b CEMETERY OR CREMATORY NAME <b>Memory Gardens Crematory</b>			19c LOCATION City or Town State <b>Las Vegas Nevada 89129</b>		
20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>SPENCER A. CRANNEY</b> SIGNATURE AUTHENTICATED			20b FUNERAL DIRECTOR LICENSE <b>825</b>			20c NAME AND ADDRESS OF FACILITY <b>Bunker's Mortuary</b> <b>925 N Las Vegas Blvd Las Vegas NV 89101</b>		
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED <b>HENRY OSEI MD</b>								
21b DATE SIGNED (Mo/Day/Yr) <b>July 02, 2008</b>			21c HOUR OF DEATH <b>07:01</b>					
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								
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) stated. (Signature & Title)								
22b DATE SIGNED (Mo/Day/Yr)			22c HOUR OF DEATH					
22d PRONOUNCED DEAD (Mo/Day/Yr)			22e PRONOUNCED DEAD AT (Hour)					
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>HENRY OSEI MD 6850 N Durango Las Vegas, NV</b>						23b LICENSE NUMBER <b>10167</b>		
24a REGISTRAR (Signature) <b>CARLEEN MOSS</b> SIGNATURE AUTHENTICATED			24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 03, 2008</b>			24c DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
PART I								
(a) <b>Metastatic colon cancer</b>								
DUE TO, OR AS A CONSEQUENCE OF								
(b) <b>Seizure</b>								
DUE TO, OR AS A CONSEQUENCE OF								
(c)								
DUE TO, OR AS A CONSEQUENCE OF								
(d)								
PART II								
26a ACC SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)			26b DATE OF INJURY (Mo/Day/Yr)			26c HOUR OF INJURY		
26d DESCRIBE HOW INJURY OCCURRED								
28e INJURY AT WORK (Specify Yes or No)			26f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			28g LOCATION STREET OR R.F.D. No CITY OR TOWN STATE		

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 Southern Nevada 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 SOUTHERN NEVADA  
HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued:

**JUL 14 2008**

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