

ASSESSOR'S PARCEL NO: 002-056-09 and
003-043-03

WHEN RECORDED MAIL THIS
AND THE TAX STATEMENTS TO:

Ms. Margaret Sliva
1012 Fairway Terrace
Aberdeen, WA 98520-7018
RECORDING REQUESTED BY:
SHIRLEY A. DERKE, ESQ.
415 S. Sixth St., Ste. 200K
Las Vegas, Nevada 89101



0223899

AFFIDAVIT TERMINATING JOINT TENANCY

MARGARET A. SLIVA, being first duly sworn, deposes and says:

That Affiant is over the age of twenty-one years and competent to be a witness as to the matter after this stated.

That Affiant is the child of Herbert F. Hall, a joint tenant of the property described as follows:

SEE EXHIBIT A

That Herbert F. Hall was one joint tenant named in the Deed recorded on ^{April 27, 1971} ~~August 5, 1998~~, as ~~Instrument No. 019980805-00211~~ in the Office of the ~~Clark County~~ Recorder of ~~Clark County~~, Nevada and was the identical person named Herbert F. Hall, the Decedent, in that certain Certificate of Death, a certified copy of which is attached hereto as Exhibit A.

* ~~PAGE 251, BOOK 39~~

* * EUREKA

As of December 14, 2007, because of the death of Herbert F. Hall, the above property should be transferred unto the surviving joint tenant, Theresa Hall.

Dated this 22nd day of February 2013

Margaret A. Sliva
MARGARET A. SLIVA

On this 22nd day of February 2013, personally appeared before me, a Notary Public in and for said County of Clark, MARGARET A. SLIVA, known to me to be the person described in and who executed this instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal.

Shirley A. Derke
NOTARY PUBLIC

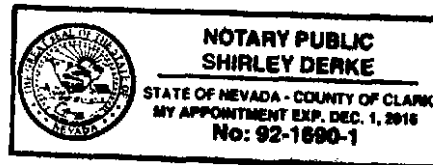


EXHIBIT A

Lot two (2) of Block 15 of Crescent Valley Ranch & Farms, Unit No. 3 as per map recorded in said County as File No. 34551.

COMMONLY KNOWN AS 453 Rocky Lane, Eureka, Nevada
APN: 003-043-03

Lot ten (10) of Block 39 of Crescent Valley Ranch & Farms, Unit No. 1, as per map recorded in said County as File No. 34081.

COMMONLY KNOWN AS 5010 Tenabo Ave., Crescent Valley, Nevada
APN: 002-056-09

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2007011774

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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 Herbert			1b. MIDDLE Francis			1c. LAST HALL			2. DATE OF DEATH (Mo/Day/Year) December 14, 2007			3a. COUNTY OF DEATH Clark					
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas						3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) Harmon Medical & Rehab Hospital SNF						3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Inpatient			4. SEX Male		
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No if yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE - Last Birthday (Years) 78			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) March 21, 1929		
9a. STATE OF BIRTH (if not U.S.A., name country) New York			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Theresa Alice YIM					
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner / Operator						14b. KIND OF BUSINESS OR INDUSTRY Postal Center					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Clark			15c. CITY, TOWN OR LOCATION Las Vegas			15d. STREET AND NUMBER 4268 Lariat Drive			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix) Harold C HALL									17. MOTHER - NAME (First Middle Last Suffix) Agatha M HOLLENBECK								
18a. INFORMANT - NAME (Type or Print) Theresa A HALL						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4268 Lariat Drive Las Vegas, Nevada 89121											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Palm Crematory			19c. LOCATION City or Town State Las Vegas Nevada 89101								
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 50			20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7800 S Eastern, Las Vegas, NV, 89123								
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) AMA BROBBEY MD SIGNATURE AUTHENTICATED						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)											
21b. DATE SIGNED (Mo/Day/Yr) December 18, 2007			21c. HOUR OF DEATH 18:25			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH			22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) AMA BROBBEY MD 2170 E Harmon Ave Las Vegas, NV, 89119						23b. LICENSE NUMBER 10647					
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 18, 2007			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
PART I (a) Acute septic shock						Interval between onset and death 1 Day											
DUE TO, OR AS A CONSEQUENCE OF: (b) Ulcerative colitis exacerbation						Interval between onset and death 1 Month											
DUE TO, OR AS A CONSEQUENCE OF: (c)						Interval between onset and death											
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I																	
26. ALIOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED		
28e. INJURY AT WORK (Specify Yes or No)			28f. 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

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"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: [Signature]
Date Issued: DEC 20 2007