DOC # 0211805

05/01/2008 02:36 PM

Official Record

Recording 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.

COPY

DATED this 27th day of March, 2008.

A.W. Poehlman
A.W. Poehlman

STATE OF Nevada)
ss
COUNTY OF Clark)

SUBSCRIBED AND SWORN before me this 27th day of March, 2008, by **A.W. Poehlman**.

NOTARY STAMP/SEAL

Notary Public

CARMEN HERRERA
Notary Public, State of Nevada
Appointment No. 07-2956-1
My Appt. Expires Mar 28, 2011

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.

Signature — Affiant
Title

A.W. Poehlman
Printed Name

COPY

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 } ss
CITY OF JEFFERSON }

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

MAR 2 3 2006

Ivra J. Cross
State Registrar of Vital Statistics

DEPARTMENT OF SOCIAL SERVICES – MISSOURI DIVISION OF HEALTH
(PHYSICIAN, MEDICAL EXAMINER OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER 124 78 004010

LED. FEB 22 1978

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

S 300 ev. 1/78

DECEDENT

1. DECEDENT–NAME FIRST	MIDDLE	LAST	2. SEX	3. DATE OF DEATH (Mo., Day, Yr.)
Sandra	Howard	Poehlman	Female	Feb. 6, 1978

4. RACE – (e.g., White, Black, American Indian, etc.) (Specify)	5a. AGE – Last Birthday (Yrs.)	UNDER 1 YEAR 5b. MOS. / DAYS	UNDER 1 DAY 5c. HOURS / MINS.	6. DATE OF BIRTH (Mo., Day, Yr.)	6a. COUNTY OF DEATH
White	49			Jan. 7, 1929	Clay

7b. CITY, TOWN OR LOCATION OF DEATH	7c. 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., name 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?
Arkansas	U.S.A.	Married	Arthur William Poehlman	XX YES ☐ 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

PARENTS

16. FATHER–NAME FIRST	MIDDLE	LAST	17. MOTHER–MAIDEN NAME FIRST	MIDDLE	LAST
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 Poehlman	Rt. 1	Platte City,	Missouri	64079

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY–NAME	19c. LOCATION CITY OR TOWN	STATE
Burial	Family Cemetery	Platte City	Platte County-Missouri

20a. FUNERAL SERVICE LICENSEE OR Person Acting As (Signature)	20b. NAME OF FACILITY	20c. ADDRESS OF FACILITY
W. F. Vaughn #468	Rollins Funeral Home	Platte City, Mo. 64079

21a. REGISTRAR (Signature)	21b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
Charles J. Claasen by rar	2-17-78

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

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

22b. DATE SIGNED (Mo., Day, Yr.)	22c. HOUR OF DEATH
2/7/78	12 50 AM M

22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by MEDICAL EXAMINER or CORONER Only

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)

23b. DATE SIGNED (Mo., Day, Yr.)	23c. HOUR OF DEATH
2/10/78	12 50 AM M
23d. PRONOUNCED DEAD (Mo., Day, Yr.) ON 2/6/78	23e. PRONOUNCED DEAD (Hour) AT 12 50 AM M

24a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)	24b. MO. LICENSE NO.	25. IF HOSP OR ASF Indicate D.O.A. OP/Emer. Rm., Inpatient (Specify)
CARL M. MYERS Box 490 PLATTE CITY, MO 64079	35257	INPT.

CAUSE OF DEATH

26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Cardio respiratory arrest — Interval between onset and death: 5 min
DUE TO OR AS A CONSEQUENCE OF
(b) Malignant Glioma of Brain — Interval between onset and death: 2 days
DUE TO OR AS A CONSEQUENCE OF
(c)

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, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED

29b. INJURY AT WORK (Specify Yes or No)

0211805 Book 472 05/01/2008 Page 181 Page 3 of 3

29c. 29d. 29e. COUNTY, STATE

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