

MAIL TAX NOTICE TO:
JAMES P. TOBIN
370 Rancho La Costa
Las Vegas, NV 89138

Ent 261228 Bk 466 Pg 124
Date: 16-MAY-2012 2:56:39PM
Fee: \$14.00 Charge
Filed By: CT
LES BARKER, Recorder
GARFIELD COUNTY CORPORATION
For: SECURITY TITLE CO
Space above this line for recorder's use

STC Escrow No. 00020729
Tax Id No. 16-0019-0002, CSE-2

Warranty Deed

DALE HOWARD AND LESLEY HOWARD, TRUSTEES OR THEIR SUCCESSORS IN TRUST AS TRUSTEES OF THE DALE HOWARD AND LESLEY HOWARD TRUST DATED 10-29-98

of Las Vegas, County of Clark, State of Nevada, hereby CONVEY and WARRANT to

JAMES P. TOBIN AND CYNTHIA A. CLARK, AS JOINT TENANTS

of 704 EAST CREEKSIDE DRIVE, Mammoth Creek, UT 84735 Grantee for the sum of Ten Dollars and Other Good and Valuable Consideration the following described tract(s) of land in Garfield, State of UTAH:

See Exhibit A attached hereto and made a part hereof.

TOGETHER WITH all rights, privileges, easements, right of way, improvements and appurtenances thereunto belonging or in anyway appertaining thereto.

Subject to easements, restrictions and rights of way appearing of record or enforceable in law and equity and general property taxes for the year and thereafter.

WITNESS, the hand(s) of said Grantor(s), this of May, A.D., 2012.

DALE HOWARD AND LESLEY HOWARD,
TRUSTEES OR THEIR SUCCESSORS IN TRUST
AS TRUSTEES OF THE DALE HOWARD AND
LESLEY HOWARD TRUST DATED 10-29-98

Dale Howard, Trustee
By: DALE HOWARD, Trustee

Lesley Howard, Trustee
By: LESLEY HOWARD, Trustee

STATE OF NV
COUNTY OF CLARK

On the of May, A.D., 2012, Personally appeared before me DALE HOWARD AND LESLEY HOWARD,
TRUSTEES OR THEIR SUCCESSORS IN TRUST AS TRUSTEES OF THE DALE HOWARD AND

LESLEY HOWARD TRUST DATED 10-29-98, the signer(s) of the within instrument, who duly acknowledged to me that he executed the same

B. [Signature]
NOTARY PUBLIC

Residing at: 3875 S. Juniper #101
LAS VEGAS, NV 89102

My Commission Expires: SEP 1, 2013

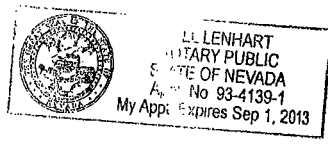


Exhibit A

All of Lot 2, CREEK SIDE ESTATES, a Subdivision according to the Official Plat thereof, on file in the Office of the Recorder of Garfield County, State of Utah.

Document prepared by, and
recording requested by
CYNTHIA CLARK
2961 SAMMY DAVIS JR DR #75
LAS VEGAS, NV 89109

Ent 269816 Bk 500 Pg 581
Date: 09-OCT-2016 11:00:28AM
Fee: \$12.00 Check Filed By: CT
LES BARKER, Recorder
GARFIELD COUNTY CORPORATION
For: CINDY CLARK

After recording, please return to
CYNTHIA CLARK
2961 SAMMY DAVIS JR DR #75
LAS VEGAS, NV 89109

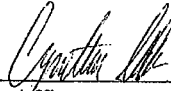
Affidavit of Death of Joint Tenant
Under Section 57-1-5.1 of the Utah Code

STATE OF NEVADA)
COUNTY OF CLARK) ss:

I, CYNTHIA A. CLARK, being of legal age and being first duly sworn, depose
and state as follows:

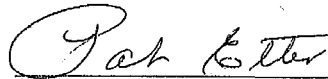
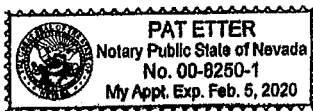
1. JAMES, P. TOBIN, the decedent identified in the attached certificate of death is the
same person as JAMES P. TOBIN, named as a party in the in document dated
February 9, 2016 in the records of Garfield County Recorder.
2. The affiant and the decedent held title as joint tenants to that property located in
Garfield County, Utah, more particularly described as:
ALL OF LOT 2, CREEK SIDE ESTATES, A SUBDIVISION ACCORDING TO THE
OFFICIAL PLAT THEREOF, ON FILE IN THE OFFICE OF THE RECORDER OF
GARFIELD COUNTY, STATE OF UTAH. A.P.N.: 16-0019-0002
Tax serial number: 16-0019-0002
Property address: 704 E CREEKSIDE DRIVE MAMMOTH CREEK, UT 84735
3. This affidavit is given to terminate the decedent's interest in the above described
property.

Dated this 27th day of September, 2016.



Affiant

Subscribed to and sworn before me this 28 day of September, 2016.



Notary public

My commission expires: Feb 5, 2020

Ent 269816 Bk 0500 Pg 0581

CERTIFICATION OF VITAL RECORDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 3910763

CERTIFICATE OF DEATH

2016016773

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) James Patrick TOBIN			2. DATE OF DEATH (Mo/Day/Year) August 18, 2016		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Boulder City		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street or apt. no.) 631 Malaga Drive		3e. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Home		4. SEX Male
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 54		7b. UNDER 1 YEAR MOS DAYS
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1961				
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced
	13. SOCIAL SECURITY NUMBER 530-76-6677		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Hearing Instrument Specialist		14b. KIND OF BUSINESS OR INDUSTRY Hearing /		Ever in US Armed Forces? No
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Boulder City		15d. STREET AND NUMBER 631 Malaga Drive
	16. FATHER/PARENT - NAME (First Middle Last Suffix) John Patrick TOBIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ellen Marie LUTZ			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Nicholas Patrick TOBIN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5120 Eagle Way North Las Vegas, Nevada 89031				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Boulder City Cemetery		19c. LOCATION City or Town State Boulder City Nevada 89005		
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TYSON SMITH		20b. FUNERAL DIRECTOR LICENSE NUMBER 707		20c. NAME AND ADDRESS OF FACILITY Boulder City Family Mortuary 833 Nevada Hwy #1 Boulder City NV 89005		
	TRADE CALL - NAME AND ADDRESS SIGNATURE AUTHENTICATED						
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JENNIFER N CORNEAL MD		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) SIGNATURE AUTHENTICATED				
	21b. DATE SIGNED (Mo/Day/Yr) September 19, 2016		21c. HOUR OF DEATH 11:00		22b. DATE SIGNED (Mo/Day/Yr) September 19, 2016		22c. HOUR OF DEATH 11:00
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jennifer N Corneal MD		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 18, 2016		22e. PRONOUNCED DEAD AT (Hour) 11:00		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Jennifer N Corneal MD 1704 Pinto Lane Las Vegas, NV 89106			23b. LICENSE NUMBER 15917			
CAUSE OF DEATH	24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 19, 2016		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) Complications Of Chronic Alcoholism Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (b) _____ Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (c) _____ Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (d) _____ Interval between onset and death PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY		25d. DESCRIBE HOW INJURY OCCURRED
	25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		25g. 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 authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



318075

DATE ISSUED: SEP 26 2016

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-799-1010 • Tax ID # 86-0151573

Ent 269816 Bk 0500 Pn 058



Registrar of Vital Statistics

By: *Ashlee Gallegos*