

# The Law Offices of George D. Greenberg

7674 W. Lake Mead Blvd., Suite 245 • Las Vegas, Nevada 89128

702/ 796-5221 • Fax 702/ 796-6278

www.gdglawoffices.com

George D. Greenberg, Esq.

Eran S. Forster, Esq.

March 19, 2010

Devin S. Smith, Manager  
Neighborhood Response Division  
Neighborhood Services Department  
City of Law Vegas  
400 Stewart Ave.  
Las Vegas, NV 89101

RE: Appeal of Notice and Order  
Case No.: 85797  
APN: 139-31-311-023  
Orne Montgomery, 531 Bedford Road, Las Vegas, NV 89107-4311

Dear Mr. Smith:

I represent Orne Montgomery and appeal the Nuisance Notice and Order to Comply of March 9, 2010 as follows:

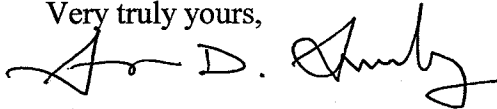
1. Margaret H. Crist and Orne Eric Montgomery, mother and son, were joint tenants on said property for convenience purposes;
2. Margaret H. Crist deceased on August 20, 2009, a copy of the death certificate is enclosed;
3. Orne Montgomery disclaimed his interest and inheritance of said property on December 29, 2009;
4. Said Disclaimer was recorded with the Clark County Recorder on January 4, 2010 and published in Nevada Legal News on January 11, 19, and 25, 2010 (Disclaimer is enclosed);
5. The City is and has been on constructive and actual notice of said Disclaimer, which in effect removes Mr. Montgomery as owner of said property;
6. Orne Montgomery is under no legal obligation to accept inheritance of said property and has exercised his legal right to disclaim interest in same;

Devin S. Smith, Manager  
Neighborhood Response Division  
Neighborhood Services Department  
March 19, 2010  
Page 2 of 2

7. This property, in fact, has entered foreclosure proceedings and Mr. Montgomery does not reside in said property;
8. Based upon the above proofs of recorded and published Disclaimer of Interest, the Notice and Order should be vacated;
9. Mr. Montgomery has been forced to incur legal fees to defend himself against an Order that should never have been levied against him in the first place. This potentially gives rise to a cause of action for reimbursement of said fees.

Thank you for your prompt attention to this matter. Please direct all further communications regarding this matter to my office.

Very truly yours,

A handwritten signature in black ink, appearing to read "G. D. Greenberg", written over the typed name.

George D. Greenberg, Esq.

GDG:aeg  
Enclosures

AFFP

139-31-311-023

## Affidavit of Publication

STATE OF NEVADA}  
COUNTY OF CLARK}

SS

Danielle Bentley, being duly sworn, says:

That he or she is Co-Publisher of the Nevada Legal News, a daily newspaper of general circulation, printed and published in Las Vegas, Clark County, Nevada; that the publication, a copy of which is attached hereto, was published in the said newspaper on the following dates:

Jan 11, 2010

Jan 19, 2010

Jan 25, 2010.

APN: 139-31-311-023

RECORDING REQUESTED BY:

George D. Greenberg, Esq.

WHEN RECORDED MAIL TO AND MAIL TAX STATEMENTS TO:

Mr. Orne Montgomery, 6220 Spanish Moss Ave, Las Vegas, NV 89108

DISCLAIMER OF INTEREST

COMES NOW ORNE ERIC MONTGOMERY who hereby disclaims any and all interest past, present, or future, in and to the following described real property, to wit: HYDE PARK SUB #2, PLAT BOOK 3 PAGE 75, LOT 322 BLOCK 14; Commonly known as: 531 Bedford Rd., Las Vegas, NV 89107-4311.

This Disclaimer, when recorded, serves as actual notice of ORNE ERIC MONTGOMERY's disclaimer in and to the same as to all persons or entities with any interest in the above described real property. s/

ORNE ERIC MONTGOMERY, 12-29-09 Date.

STATE OF NEVADA, COUNTY OF CLARK

On this 29th day of December, 2009, before me, the undersigned, a Notary Public in and for said County and state, personally appeared ORNE ERIC MONTGOMERY known to me to be the person whose name is subscribed to the above Disclaimer of Interest, and acknowledged to me that ORNE ERIC MONTGOMERY executed the same. s/ NOTARY PUBLIC in and for Said County and State.,

NOTARY PUBLIC, STATE OF NEVADA, County of Clark, ANDREA E. GALLANT, Appt. No.

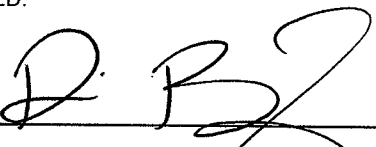
03-81126-1, My Appt. Expires April 3, 2011

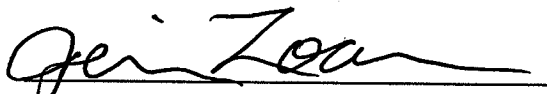
Published in Nevada Legal News

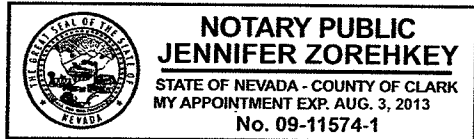
January 11, 19, 25, 2010

That said newspaper was regularly issued and circulated on those dates.

SIGNED:

  
Subscribed to and sworn to me this 25th day of  
January 2010.

  
NOTARY PUBLIC, CLARK COUNTY, NEVADA



a0100081 00176598 796-6278

GEORGE D. GREENBERG, ESQ.  
7674 W. LAKE MEAD BLVD., #245  
LAS VEGAS, NV 89128

APN: 139-31-311-023

RECORDING REQUESTED BY:

George D. Greenberg, Esq.

WHEN RECORDED MAIL TO  
AND MAIL TAX STATEMENTS TO:

Mr. Orne Montgomery  
6220 Spanish Moss Ave  
Las Vegas, NV 89108

Inst #: 201001040002556  
Fees: \$14.00  
N/C Fee: \$0.00  
01/04/2010 11:30:16 AM  
Receipt #: 180903  
Requestor:  
XPEDIENT RUNNER SERVICE INC  
Recorded By: GILKS Pgs: 1  
DEBBIE CONWAY  
CLARK COUNTY RECORDER

DISCLAIMER OF INTEREST

COMES NOW ORNE ERIC MONTGOMERY who hereby disclaims any and all interest past, present, or future, in and to the following described real property, to wit:

HYDE PARK SUB #2, PLAT BOOK 3 PAGE 75, LOT 322 BLOCK 14

Commonly known as: **531 Bedford Rd., Las Vegas, NV 89107-4311.**

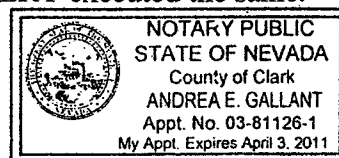
This Disclaimer, when recorded, serves as actual notice of ORNE ERIC MONTGOMERY's disclaimer in and to the same as to all persons or entities with any interest in the above described real property.

Orne Montgomery 12-29-09  
ORNE ERIC MONTGOMERY Date

STATE OF NEVADA       )  
                                  ) ss:  
COUNTY OF CLARK     )

On this 29<sup>th</sup> day of December, 2009, before me, the undersigned, a Notary Public in and for said County and state, personally appeared ORNE ERIC MONTGOMERY known to me to be the person whose name is subscribed to the above Disclaimer of Interest, and acknowledged to me that ORNE ERIC MONTGOMERY executed the same.

Andrea E. Gallant  
NOTARY PUBLIC in and for  
Said County and State.



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

**CERTIFICATE OF DEATH**

**2009012129**

STATE FILE NUMBER

|                                                                                                  |                                                                                                                                                                                 |  |                                                                                                                      |  |                                                                                                               |  |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| TYPE OR PRINT IN PERMANENT BLACK INK                                                             | 1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)<br><b>Margaret H. CRIST</b>                                                                                                     |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>August 20, 2009</b>                                                             |  | 3a. COUNTY OF DEATH<br><b>Clark</b>                                                                           |  |
|                                                                                                  | 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Las Vegas</b>                                                                                                                        |  | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number)<br><b>Nathan Adelson Hospice NW</b> |  | 3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)<br><b>Inpatient</b>                      |  |
| DECEDENT                                                                                         | 5. RACE White (Specify)                                                                                                                                                         |  | 6. Hispanic Origin? Specify No - Non-Hispanic                                                                        |  | 7a. AGE - Last birthday (Years)<br><b>78</b>                                                                  |  |
|                                                                                                  | 7b. UNDER 1 YEAR<br>MOS DAYS                                                                                                                                                    |  | 7c. UNDER 1 DAY<br>HOURS MINS                                                                                        |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>December 28, 1930</b>                                                      |  |
| IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS           | 9a. STATE OF BIRTH (if not U.S.A. name country)<br><b>Louisiana</b>                                                                                                             |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>                                                                  |  | 10. EDUCATION<br><b>12</b>                                                                                    |  |
|                                                                                                  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced</b>                                                                                                      |  | 12. SURVIVING SPOUSE (if wife, give maiden name)                                                                     |  | 13. DATE OF BIRTH (Mo/Day/Yr)                                                                                 |  |
| PARENTS                                                                                          | 14a. SOCIAL SECURITY NUMBER<br><b>433-42-9495</b>                                                                                                                               |  | 14b. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)<br><b>Cryptographer</b>  |  | 14c. KIND OF BUSINESS OR INDUSTRY<br><b>Contracting</b>                                                       |  |
|                                                                                                  | 15a. RESIDENCE - STATE<br><b>Nevada</b>                                                                                                                                         |  | 15b. COUNTY<br><b>Clark</b>                                                                                          |  | 15c. CITY, TOWN OR LOCATION<br><b>Las Vegas</b>                                                               |  |
| DISPOSITION                                                                                      | 16. FATHER - NAME (First Middle Last Suffix)<br><b>Vernon OWENS</b>                                                                                                             |  | 17. MOTHER - NAME (First Middle Last Suffix)<br><b>Elsa DEWALLY</b>                                                  |  | 18. INFORMANT - NAME (Type or Print)<br><b>Orme MONTGOMERY</b>                                                |  |
|                                                                                                  | 18a. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br><b>531 Bedford Road Las Vegas, Nevada 89107</b>                                                         |  | 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>                                                 |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Palm Crematory</b>                                                    |  |
| TRADE CALL                                                                                       | 20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such)<br><b>BART BURTON</b>                                                                                              |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>50</b>                                                                           |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Palm Mortuary-Jones<br/>1600 S Jones Blvd Las Vegas NV 89146</b>      |  |
|                                                                                                  | 21a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>NED STOUGHTON MD 3391 N Buffalo Las Vegas, NV 89129</b> |  | 21b. LICENSE NUMBER<br><b>10960</b>                                                                                  |  | 21c. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>August 24, 2009</b>                                         |  |
| CERTIFIER                                                                                        | 22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)<br><b>NED STOUGHTON MD</b>                     |  | 22b. DATE SIGNED (Mo/Day/Yr)<br><b>August 23, 2009</b>                                                               |  | 22c. HOUR OF DEATH<br><b>16:00</b>                                                                            |  |
|                                                                                                  | 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)                                                                                                        |  | 22e. PRONOUNCED DEAD (Mo/Day/Yr)                                                                                     |  | 22f. PRONOUNCED DEAD AT (Hour)                                                                                |  |
| REGISTRAR                                                                                        | 23a. REGISTRAR (Signature)<br><b>NINETTE HARRINGTON</b>                                                                                                                         |  | 23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>August 24, 2009</b>                                                |  | 23c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|                                                                                                  | 24a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br><b>Respiratory failure</b>                                                                       |  | 24b. DATE OF INJURY (Mo/Day/Yr)                                                                                      |  | 24c. HOUR OF INJURY                                                                                           |  |
| CAUSE OF DEATH                                                                                   | 24c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 24d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 24e. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 24d. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 24e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 24f. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| CONDITIONS IF ANY WHICH WOULD BE REASON FOR INCOMPLETE CAUSE - STATING THE UNDERLYING CAUSE LAST | 24e. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 24f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 24g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 24f. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 24g. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 24h. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| STATE REGISTRAR                                                                                  | 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br><b>Respiratory failure</b>                                                                        |  | 25b. DATE OF INJURY (Mo/Day/Yr)                                                                                      |  | 25c. HOUR OF INJURY                                                                                           |  |
|                                                                                                  | 25c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25e. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT                         | 25d. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25f. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25e. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 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                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25f. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25g. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25h. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25g. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25h. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25i. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25h. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25i. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25j. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25i. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25j. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25k. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25j. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25k. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25l. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25k. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25l. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25m. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25l. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25m. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25n. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25m. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25n. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25o. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25n. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25o. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25p. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25o. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25p. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25q. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25p. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25q. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25r. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25q. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25r. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25s. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25r. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25s. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25t. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25s. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25t. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25u. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25t. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25u. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25v. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25u. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25v. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25w. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25v. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25w. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25x. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25w. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25x. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25y. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25x. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25y. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25z. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                       |  |
|                                                                                                  | 25y. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25z. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                               |  | 25aa. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25z. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                      |  | 25aa. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ab. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25aa. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ab. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ac. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ab. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ac. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ad. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ac. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ad. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ae. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ad. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ae. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25af. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ae. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25af. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ag. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25af. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ag. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ah. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ag. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ah. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ai. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ah. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ai. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25aj. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ai. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25aj. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ak. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25aj. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ak. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25al. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ak. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25al. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25am. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25al. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25am. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25an. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25am. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25an. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ao. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25an. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ao. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ap. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ao. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ap. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25aq. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ap. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25aq. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ar. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25aq. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ar. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25as. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ar. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25as. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25at. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25as. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25at. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25au. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25at. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25au. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25av. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25au. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25av. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25aw. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25av. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25aw. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ax. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25aw. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ax. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ay. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ax. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ay. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25az. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ay. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25az. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ba. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25az. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ba. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bb. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ba. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bb. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bc. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bb. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bc. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bd. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bc. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bd. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25be. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bd. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25be. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bf. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25be. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bf. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bg. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bf. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bg. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bh. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bg. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bh. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bi. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bh. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bi. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bj. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bi. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bj. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bk. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bj. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bk. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bl. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bk. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bl. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bm. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bl. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bm. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bn. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bm. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bn. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bo. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bn. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bo. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bp. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bo. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bp. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bq. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bp. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bq. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25br. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bq. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25br. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bs. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25br. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bs. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bt. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bs. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bt. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bu. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bt. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bu. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bv. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bu. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bv. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bw. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bv. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bw. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bx. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25bw. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bx. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25by. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bx. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25by. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25bz. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25by. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25bz. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ca. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25bz. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ca. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cb. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ca. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cb. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cc. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cb. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cc. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cd. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25cc. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cd. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ce. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cd. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ce. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cf. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ce. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cf. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cg. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cf. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cg. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ch. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25cg. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ch. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ci. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25ch. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ci. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cj. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ci. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cj. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25ck. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cj. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25ck. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cl. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25ck. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cl. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cm. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cl. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cm. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cn. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25cm. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cn. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25co. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cn. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25co. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cp. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25co. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cp. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cq. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
| SOUTHERN NEVADA HEALTH DISTRICT                                                                  | 25cp. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cq. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)                              |  | 25cr. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE                                                      |  |
|                                                                                                  | 25cq. CHRONIC OBSTRUCTIVE PULMONARY DISEASE                                                                                                                                     |  | 25cr. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify                               |  |                                                                                                               |  |



NEIGHBORHOOD SERVICES DEPARTMENT  
DIRECTOR  
STEPHEN K. HARSIN, AICP

## **NOTICE AND ORDER**

APN: 139-31-311-023

Date: March 09, 2010  
Case # 85797

*Certified/Regular Mail  
Return Receipt Requested*

ORNE MONTGOMERY  
531 BEDFORD RD  
LAS VEGAS, NV 89107-4311

### **NUISANCE NOTICE AND ORDER TO COMPLY**

You are hereby notified as owner(s) of the property located at 531 BEDFORD RD., Las Vegas, NV, Parcel #(s) 139-31-311-023, that you are in violation of Las Vegas Municipal Code, Title 9, dealing with nuisances.

The following violations have been verified:

**9.04.010 (4) REFUSE & WASTE :** LVMC 9.04.010 (4) Any refuse, waste, litter or other material, regardless of its market value, which, by reason of its location or character, is unsightly or interferes with the reasonable use and enjoyment of adjacent properties, has a detrimental effect upon adjacent property values, or would hamper or interfere with the containment of fire upon the premises. Examples include, without limitation, decaying or non-decaying solid and semi-solid wastes, whether or not combustible, such as old lumber, tin, wire, cans, barrels, cartons, boxes, rags, tires, inner tubes, brush, grass and hedge clippings, rocks, bricks, cinders, scrap iron, buckets, tubs, windows, screens, glass, bottles, waste paper, bedsprings, mattresses, discarded furniture and appliances, bedding and material cleaned from animal or fowl pens, automobile parts, scrap paving material, and piles of earth mixed with other waste material which may harbor insect or rodent infestations or may become a fire hazard.

---

LAS VEGAS CITY COUNCIL

MAYOR OSCAR B. GOODMAN

MAYOR PRO TEM GARY REESE • STEVE WOLFSON • LOIS TARKANIAN

STEVEN D. ROSS • RICKI Y. BARLOW • STAVROS S. ANTHONY

CITY MANAGER ELIZABETH N. FRETWELL

CITY OF LAS VEGAS • 400 STEWART AVENUE • LAS VEGAS, NEVADA 89101  
VOICE 702.229.2330 • FAX 702.382.3901 • TTY 702.386.9108 • [www.lasvegasnevada.gov](http://www.lasvegasnevada.gov)

531 BEDFORD RD.

Case # 85797

March 09, 2010

Page 2

| Case # | Violation Location | Violation Comments                                                                                      |
|--------|--------------------|---------------------------------------------------------------------------------------------------------|
| 85797  | All Yards          | Remove all visible refuse and waste from all yards, including, boxes, bins, trash bags, furniture, etc. |

**9.04.010 (7A) HIGH VEGETATION :** LVMC 9.04.010 (7) Any other act or condition, other than those permitted by NRS 40.140 and 202.450, which, by reason of its nature, character or location, interferes with the reasonable use and enjoyment of adjacent properties, or which has a detrimental effect upon adjacent property values. Such nuisances include without limitation the following:

(a) Weeds, turf grass, or uncultivated plant growth exceeding eight inches in height, either on a vacant parcel or on a developed parcel at a location visible from public property;

| Case # | Violation Location | Violation Comments                                                                                                     |
|--------|--------------------|------------------------------------------------------------------------------------------------------------------------|
| 85797  | All Yards          | Remove all high grass and weeds from all visible areas of yard. Must be maintained to a height not to exceed 8 inches. |

**UAC 301.1 PERMITS REQUIRED :** 16.02.010 - Uniform Administrative Code and supplement adopted.

**Section 301.1 PERMITS REQUIRED**

Except as specified in Subsection 301.1.1 of this Section or in Section 26 of this Supplemental Document, no building, structure, building service equipment or onsite improvement regulated by this Code or any of the technical codes shall be erected, constructed, enlarged, altered, repair, moved, improved, removed, converted, or demolished unless a separate, appropriate permit for each building, structure, building service equipment or onsite improvement has first been obtained from the Building Official. If work is commenced before necessary and appropriate permit for the work has been obtained, the Building Official is authorized to charge an additional fee in the amount of the building permit fee (i.e., a double fee).

Contact Building and Safety Department to obtain permit, they are located at 731 S. 4th St. or call 229-6251.

| Case # | Violation Location | Violation Comments |
|--------|--------------------|--------------------|
|--------|--------------------|--------------------|

531 BEDFORD RD.  
Case # 85797  
March 09, 2010  
Page 3

85797      Rear Patio enclosure      Remove or obtain proper permits for patio enclosure.

**Post:** No Trespassing (per NRS 207.200), No Dumping (per NRS 444.630), No Vehicles (per LVMC 10.78.020 & 11.24.020) sign on site to deter illegal activity and prevent future violations. All trespassers, squatters, and anyone unable to prove occupancy must vacate premises within 10 days of posting of this notice.

Upon correction of violation(s), the responsible party; being resident, tenant, owner, or manager, licensee or other person having control over a structure or parcel of land, must maintain the property in compliance or face possible fees, fines, and any such enforcement as permitted by this code.

Responsible party must provide contact information to this department. Contact area code enforcement officer 16 at (702)229-4918 to supply your current phone number, email address, fax number, or additional mailing address.

LVMC 9.04.020 authorizes the City of Las Vegas to assess and collect a re-inspection fee of \$120.00 if the violation(s) are not brought into compliance by the re-inspection date on this notice. An additional fee of \$180.00 per hour, one-hour minimum (not to be pro-rated), will be charged for each additional inspection after the initial re-inspection. In addition, LVMC 9.04.020 and 9.040.040 authorizes the city to assess a civil penalty concurrently with the re-inspection fees assessed. On the 2nd re-inspection a \$180 re-inspection fee + a \$150.00 civil penalty will be assessed; on the 3rd re-inspection a \$180 re-inspection fee + a \$300.00 civil penalty will be assessed; on the 4th re-inspection and any future re-inspections will be assessed a \$180 re-inspection fee + a \$500.00 civil penalty. Additionally, every person who causes or maintains a public nuisance, or who willfully omits or refuses to perform any legal duty relating to the abatement of such nuisance (1) shall be guilty of a misdemeanor; (2) shall be liable civilly to the City and, upon such findings shall be responsible to pay civil penalties of not more than five hundred (\$500.00) dollars per day, or for commercial properties; civil penalties of not more than one thousand (\$1000.00) per day, for each day that any nuisance remained unabated after the date specified for abatement in the notice of violation. The \$500.00 or \$1000 daily civil penalty will be determined at the discretion of the city council. Any and all unpaid fees are subject to collection and/or liens.

You are hereby ordered to correct the nuisance by the eleventh day after the day of mailing, servicing or posting of the Notice and Order by hand. If you do not correct the violation within that time, the City may issue a misdemeanor citation for violation for each and every day the violation exists, with a penalty of up to Five Hundred (\$500.00) Dollars or fine of up to six (6) months in jail or both for each violation, or the City may direct a licensed contractor to remove the nuisance described below, or both. Be advised, the contractor will collect all debris at this location and will not separate those items, which you may consider useful or valuable. If you wish to salvage any items, please have them removed.

---

As the property owner(s), you will be responsible for all costs incurred to correct this condition. A 15% percent administrative fee shall be added to the costs of the contract price. You will be notified of a public hearing to be conducted by the City Council to review the costs, and their decision shall be final and conclusive. Upon approval of the costs by the City Council, a Lien of Assessment shall then be collected at the same time and in the same manner as ordinary taxes. All laws applicable to the levy, collection, and enforcement of property taxes shall be applicable to such assessment.

If you disagree with the assessment of Neighborhood Response, then within ten days after service of the notice of violation, the owner or responsible party may appeal to the City Council. Such appeal shall be in writing and shall be filed with the City Clerk. Within fifteen days after the appeal has been filed, the appellant shall be given written notice of the procedure and time frame for the hearing of the appeal. The appeal shall be heard by the City council or by the Council's designee, with a right of final appeal to the Council. The decision of the City Council or the Council's designee, in cases where a designee hears an appeal and no further appeal is taken, shall be final and conclusive. An owner or responsible party failing to appeal as provided in this Section shall be deemed to have waived any and all objections to the existence of a public nuisance and the abatement of such nuisance. Failure to appeal will constitute a waiver of all rights to an administrative hearing and determination of the matter.

It is recommended that you contact the Department of Neighborhood Services, Neighborhood Response Division, by telephoning (702) 229-6615 concerning your intentions with regard to the referenced property at your earliest convenience.

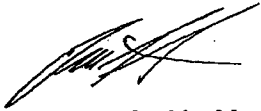
531 BEDFORD RD.

Case # 85797

March 09, 2010

Page 5

Sincerely,

A handwritten signature in black ink, appearing to read "Devin S. Smith", with a stylized flourish at the end.

Devin S. Smith, Manager  
Neighborhood Response Division  
Neighborhood Services Department

Enclosure:

City of Las Vegas General Conditions of Abatement



## City of Las Vegas General Conditions of Abatement

Contractor will be responsible for the following on a project-by-project basis:

1. Contractor is responsible for removing all vehicles located on property.
2. Contractor is responsible for the cutting down and removal of dead bushes, plants, trees and other overgrown vegetation, and all weeds/turf down to a 2-inch height, and cutting tree limbs to hang no lower than 7 feet from the ground.
3. Contractor is responsible for abating all trash and debris visible on the property.
4. All windows, exterior doors, holes in the roof exterior walls and any other openings providing access to the structure are to be completely covered with  $\frac{3}{4}$ " exterior grade plywood and installed with through-bolts secured to 2" x 4" interior back-boards. The through-bolts shall be preened over both inside and outside to prevent removal. All boarded openings require metal mesh screening, securely attached to exterior boards. All boards must be painted the same color as the structure.
5. The exterior doors, which are undamaged, shall be locked and toenailed shut.
6. Contractor is responsible for removal of all trash and debris from the interior of the building.
7. Contractor is responsible for removal of all graffiti from the premises.
8. To comply with EPA, OSHA, Clark County Health District's demolition Removal procedures.
9. Being licensed for this particular work by Nevada State Contractor's Board prior to bid.
10. Paying all fees, permits, and must comply with City of Las Vegas Public Works Uniform Standard Specifications and all other applicable standards and codes.
11. To call "Call Before You Dig".
12. To make sure all utilities have been disconnected and services removed, both underground and overhead from the buildings to the existing right-of-way to the satisfaction of the applicable utility company before starting demolition, having portable toilet and other temporary utilities on-site when required.
13. To cap and ark disconnected utilities as required by the appropriate utility.
14. To keep utilities in service and maintain access to the other sections of the neighborhood.
15. Demolition of the building must include removal of all accessory structures, stand-alone walls, deteriorated fencing, sheds, carports, casitas and asphalted cement surfaces and slabs, unless otherwise indicated.
16. When building is demolished, in-ground swimming pool and/or spa is to be filled in.
17. When a building is to be demolished, it is the Contractors responsibility to ensure all utility hook-ups are disconnected.
18. Have a water truck on-site and in use during demolition. Any property over one-quarter (0.25) acre must have dust suppressant.
19. Contractor or its employees shall not keep, retain, take or sell any items removed from the property.
20. Contractor shall provide receipts from tow companies, storage facilities and/or dump facilities to demonstrate that all vehicles/equipment, refuse, waste, trash and debris have been properly and lawfully disposed of: Contractor shall also provide a list of specific vehicles/equipment towed and/or stored. In addition, Contractor shall provide a general list of items for each load disposed of at the dump facility.
21. Contractor shall provide the City with a Declaration of Disposal Compliance, under penalty of perjury that all items removed from the property have been properly disposed of and have not been in any way retained by Contractor or its employees.
22. Certificate of Insurance to be submitted with bid.
23. Paint over all graffiti with color matching closest to structure, so graffiti is not visible through paint cover.