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AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)  
: \*\*  
COUNTY OF LINCOLN)

ERMA M. ROLLINS, being first duly sworn, deposes and says:

1. That she is the surviving spouse of MARION E. ROLLINS, who died on October 27, 1977, in Las Vegas, Nevada.

2. That at the time of death of the decedent, affiant and decedent owned property in joint tenancy described as follows:

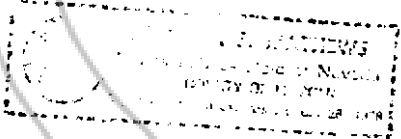
All of Lots Eleven (11) and Thirteen (13) in Block "A" of the Denton Heights Addition to the City of Caliente, County of Lincoln, State of Nevada; together with any and all improvements situated thereon and all furniture and other personal property in or on the above-described property.

3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above-described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

*Erma M. Rollins*  
ERMA M. ROLLINS

Subscribed & Sworn to before me  
this 27 day of January, 1978.

*Barbara S. Walters*  
Notary Public



**STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH—SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH 3210**

TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

LOCAL FILE NUMBER: \_\_\_\_\_ STATE FILE NUMBER: \_\_\_\_\_

**DECEASED—NAME** (FIRST, MIDDLE, LAST) **SEX** **DATE OF DEATH** (MONTH, DAY, YEAR)

1 **Marion Eyre ROLLINS** **Male** **Oct 27, 1977**

**RACE** (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) **AGE—LAST BIRTHDAY (YEARS, MONTH, DAY)** **DATE OF BIRTH** (MONTH, DAY, YEAR) **CITY, TOWN, OR LOCATION OF BIRTH**

2 **White** **68** **Aug 22, 1909** **Clark**

**CITY, TOWN, OR LOCATION OF DEATH** **HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)**

3 **Las Vegas** **YES** **Southern Nevada Memorial Hospital**

**STATE OF BIRTH** (IF NOT IN U.S.A., NAME COUNTRY) **CITIZEN OF WHAT COUNTRY** **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** **SURVIVING SPOUSE** (IF NAME, GIVE MARRIAGE INDEX)

4 **Utah** **U.S.A.** **Married** **Erma M. Winkler**

**SOCIAL SECURITY NUMBER** **USUAL OCCUPATION** (LEAVE BLANK IF WORKING LESS THAN MOST OF WORKING LIFE, FURNISH IF BENEFIT) **KIND OF BUSINESS OR INDUSTRY**

5 \_\_\_\_\_ **Maintenance** **City Government**

**RESIDENCE—STATE** **COUNTY** **CITY, TOWN, OR LOCATION** **RESIDE CITY (LIST IF NOT IN OTHER)** **STREET AND NUMBER**

6 **Nevada** **Lincoln** **Caliente** \_\_\_\_\_

**PARENTS—**

7 **FATHER—NAME** (FIRST, MIDDLE, LAST) **MOTHER—MARRIAGE NAME** (FIRST, MIDDLE, LAST)

8 **Robert Rollins** **Ann L. Eyre**

**INFORMANT—NAME** **MARRIAGE ADDRESS** (FIRST OR F.I.D. NO., CITY OR TOWN, STATE, ZIP)

9 **Erma Rollins - Wife** **P.O. Box 155 Caliente, Nevada 89008**

**PART I DEATH WAS CAUSED BY:** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

10 **MEDICAL CAUSE** **APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**

11 **Cardiorespiratory Arrest** \_\_\_\_\_

12 **Intracerebral Hemorrhage** \_\_\_\_\_

**CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST**

13 \_\_\_\_\_

**PART II OTHER SIGNIFICANT CONDITIONS:** (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I)

14 \_\_\_\_\_

**ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)** **DATE OF INJURY** (MONTH, DAY, YEAR) **HOURS** **HOW INJURY OCCURRED** (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 14)

15 \_\_\_\_\_

**INJURY AT WORK (SPECIFY YES OR NO)** **PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)** **LOCATION** **STREET OR P.O. NO., CITY OR TOWN, STATE**

16 \_\_\_\_\_

**CERTIFICATION—PHYSICIAN:** (MONTH, DAY, YEAR) **TO** (MONTH, DAY, YEAR) **AND LAST SAW HIM/LIVE ON** (MONTH, DAY, YEAR) **DID/DID NOT SIGN THE BODY AT THIS DEATH** **DEATH OCCURRED AT THE PLACE, ON THE PREMISES, AND, TO THE BEST OF MY KNOWLEDGE, NOT OF MY BUSINESS, BUT OF THE CAUSE(S) STATED.**

17 **10 22 77** **10/24/77** **10/24/77** **not** **8:30P**

**CERTIFICATION—MEDICAL EXAMINER OR CORONER:** (ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, HE OR SHE DEEMED THE DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED)

18 \_\_\_\_\_

**CERTIFIER—NAME (TYPE OR PRINT)** **SIGNATURE** **DATE SIGNED** (MONTH, DAY, YEAR)

19 **Dr. Mary Heisel** **Mary Heisel M.D.** **10/28/77**

**MARRIAGE ADDRESS—REGISTER** **STREET OR F.I.D. NO.** **CITY OR TOWN** **STATE** **ZIP**

20 **1800 W. Charleston** **Las Vegas** **Nevada** **89102**

**BURIAL, CREMATION, OR DISPOSAL (SPECIFY)** **CEMETERY OR CREMATORY—NAME** **LOCATION** **CITY OR TOWN** **STATE** **ZIP**

21 **Removal** **Caliente City Cemetery** **Caliente** **Nevada**

**DATE** (MONTH, DAY, YEAR) **FUNERAL HOME—NAME AND ADDRESS** (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)

22 **Oct 29, 1977** **Palm Mortuary 1325 N. Main St. Las Vegas, Nevada 89101**

**FUNERAL DIRECTOR—SIGNATURE** **REGISTRAR—SIGNATURE** **DATE RECEIVED BY LOCAL REGISTRAR**

23 **Don De Vas** **W. J. ...** **Oct 28, 1977**

No. **61202**

FILED AND RECORDED AT REQUEST OF **John McGimsey**

**Jan. 31, 1978**

AT **1** MINUTES PAST **1** O'CLOCK

**P.M.** IN BOOK **24** OF OFFICIAL RECORDS, PAGE **50** LINCOLN COUNTY, NEVADA.

**Erma Rollins**  
 CORRECT-RECORDER

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE OFFICE OF VITAL STATISTICS STATE OF NEVADA"

The copy was made by the County Clerk from certified information on file with the State certified documents as provided by the State Board of Health, pursuant to NRS 444.175. This is a certified copy of the record only. It is not the original of the District Register. PRINTED IN PURPLE INK.

FEE \$2.00

**DISTRICT REGISTRAR**  
 CLARK COUNTY, NEVADA