

AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

1  
2  
3 STATE OF NEVADA )  
4 ) ss  
5 COUNTY OF CLARK )

6 HELEN SHIRLEY JORGENSEN RIVERO, also known as HELEN SHIRLEY  
7 RIVERO, being first duly sworn, deposes and says:

8 I.

9 That she is the surviving wife of DERALD WILLIAM JORGENSEN,  
10 SR., also known as DERALD W. JORGENSEN, SR., also known as DERALD  
11 JORGENSEN, SR., who died on February 4, 1978 in Las Vegas, Nev-  
12 ada.

13 II.

14 That at the time of the death of the decedent, Affiant and  
15 decedent owned property in joint tenancy described as follows:

16 All of that certain real property situate in the  
17 County of Lincoln, State of Nevada, more particu-  
18 larly described as follows:

19 Commencing at the Southeast Corner of the NW $\frac{1}{4}$  of the NE $\frac{1}{4}$   
20 of Section 10, Township 5 South, Range 60 East, M.D.B.&M.,  
21 thence running west along the south line of said NW $\frac{1}{4}$  of NE $\frac{1}{4}$   
22 a distance of 428 feet to the true point of beginning;  
23 thence continuing west along said forty line a distance of  
24 501 feet, thence north 290 feet to the south right-of-way  
25 line of Nevada Highway 25, thence easterly along the curve  
26 of said highway right-of-way to intersect with a line par-  
27 allel with the north-south line 501 feet west, thence  
28 south 233 feet to the point of beginning; being a parcel  
29 of 3 acres more or less.

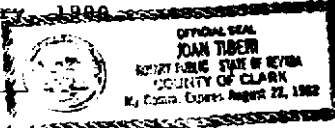
30 III.

31 That proof of death is affixed hereto as Exhibit "A" in the  
32 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).

*Helen Shirley Jorgensen Rivero*  
HELEN SHIRLEY JORGENSEN RIVERO

Subscribed and Sworn to before me  
this 5 day of February, 1988  
*March*

*Joan Tibeni*  
NOTARY PUBLIC



BCC

*Ind*

CLARK COUNTY HEALTH DISTRICT  
625 Shadow Lane P.O. Box 4426  
Las Vegas, Nevada 89106

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 265 DATE OF DEATH: Feb. 4, 1978 COUNTY OF DEATH: Clark

DECEASED - NAME: **Derald William JORGENSEN, Sr.** SEX: Male AGE: 49

CITY, TOWN, OR LOCATION OF DEATH: **Las Vegas** HOSPITAL OR OTHER INSTITUTION: **Valley Hospital**

RACE: **White** ETHNIC: **American** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married**

STATE OF BIRTH: **Utah** CITIZEN OF WHAT COUNTRY: **USA** SURVIVING SPOUSE (if wife, give maiden name): **Shirley Stewart**

SOCIAL SECURITY NUMBER: [REDACTED] USUAL OCCUPATION: **Operating Engineer** KIND OF BUSINESS OR INDUSTRY: **Construction**

RESIDENCE - STATE: **Nevada** COUNTY: **Clark** CITY, TOWN, OR LOCATION: **Henderson** STREET AND NUMBER: **235 Navajo**

FATHER - NAME: **Joseph William Jorgensen** MOTHER - MAIDEN NAME: **Mary Mildred Frazer**

INFORMANT - NAME: **Shirley Jorgensen (wife)** MAILING ADDRESS: **235 Navajo Henderson, Nevada 89015**

BURIAL: **Burial** CEMETERY OR CREMATORY: **Alamo Cemetery** LOCATION: **Alamo Nevada 89101**

FUNERAL DIRECTOR: **David S. Bunker** NAME AND ADDRESS OF FACILITY: **Bunker Mortuary 925 L.V. Blvd. No. L.V., Nev.**

21a. To the best of my knowledge and belief, the cause and date and place and due to the cause(s) stated: **Robert G. Johnson, M.D.** 901 Rancho Lane Las Vegas, Nevada 89106

21b. DATE SIGNED: **2-10-78** HOUR OF DEATH: **5:15**

21c. NAME OF ATTENDING PHYSICIAN OR OTHER THAN CENTER (if not at home): **Robert G. Johnson, M.D.**

22a. SIGNATURE: **Wanda Turpin, Deputy** DATE RECEIVED BY REGISTRAR: **Feb. 6, 1978**

23. IMMEDIATE CAUSE: **Cardiac Arrest**

PART I (a) DUE TO OR AS A CONSEQUENCE OF: **Acute Myocardial Infarct**

(b) DUE TO OR AS A CONSEQUENCE OF: **Post-operative reaction Cancer of Meloid**

24. ACC. SUICIDE, HON. SUICIDE OR PENDING INVEST. (Specify)

25a. DATE OF INJURY: [REDACTED] HOUR OF INJURY: [REDACTED] DESCRIBE HOW INJURY OCCURRED: [REDACTED]

25b. PLACE OF INJURY: [REDACTED] LOCATION: [REDACTED] CITY OR TOWN: [REDACTED] STATE: [REDACTED]

N# 000623

"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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

Date Issued: FEB 19 1980

NOT VALID WITHOUT THE  
RAISED SEAL OF THE CLARK  
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

36 PAGE 128

COPY

No. 07838  
FILED AND RECORDED AT REQUEST OF  
JOHN McGimsy  
MAR. 10, 1980  
AT 25 MINUTES PAST 2 O'CLOCK  
PM IN BOOK 36 OF OFFICIAL  
RECORDS, PAGE 127 LINCOLN  
COUNTY, NEVADA

MIRIAM BEYER  
COUNTY RECORDER  
*Karen Thordon, Deputy*