FILED FOR RECORDING AT THE REQUEST OF

Carol A. Cox

2005 MAR 7 AM 10 31

FEE 16 00 DEP CLL
LESLIE BOUCHER

APN 010-181-15

APN APN

Affidavit Terminating Joint Tenancy

Title of Document

After recording, return to:

Carol A. Cox P.O. Box 752 Tonopah, NV 89049

Grantees address and mail tax statements to:

Carol A. Cox P.O. Box 752 Tonopah, NV 89049

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
	: SS
COUNTY OF_NYE)

Carol Cox, being first duly sworn, deposes and says that she is over the age of 21 years and competent to be a witness as to the matters hereinafter stated, and makes this affidavit in her capacity as the surviving spouse of Charles V. Cox, Deceased.

Charles V. Cox and Carol Cox, husband and wife, are the named joint tenants in that certain grant, bargain and sale deed recorded in Book 144, Page 301 of official records in the Office of the County Recorder of Lincoln County, State of Nevada, wherein the below described property was conveyed by said instrument to Charles V. Cox and/or Carol Cox,, to-wit:

Lot 2 Sunset Acres 4.74 AC, APN 010-181-15

That Charles V. Cox, one of the grantees named as a joint tenant in said instrument, died on or about August 29, 2001 at Clark County, Nevada, and was the identical person named as Charles Virgil Cox, the decedent, in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

Carol Cox

Subscribed and sworn to before me this 2 Aday of March, 2005.

NOTARY PUBLIC in and for said

County and State

After recording, return to:

Carol Cox P.O. Box 752 Tonopah, Nevada 89049

Grantees address and mail tax statements to:

Carol Cox P.O. Box 752

Tonopah, Nevada 89049

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

4.1	LOCAL FILE NUME	l NED	DENTILICATE OF DE	EAIR	
TYPE R PRINT	DECEASED—NAME First	Middle	Lasi	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
IN WANENT	t Charl		COX	2. August 29, 2001	COUNTY OF DEATH
ACK INK	CITY, TOWN OR LOCATION O	F DEATH HOSPITAL OR OTH	ER INSTITUTION—Name (If not either, give st	reet and number) Il Hosp, or that indicate the	3a. Clark DA. OP/Emer. SEX
CEDENT	35. Las Vegas	ac Nath	an Adelson	9m. Inpalient (Specily) 3e. Inpatient	
	RACE—(e.g., While, Black, Amelodan, etc.) (Specify) 5. Caucasian	was Decedent of Hispanic O specify Mexican, Cuban, Pue	rigin? Specify ☐ yes 🕅 no if yes, AGE—Las irto Rican, etc. Birthday (UNDER I YEAR UNDER I DAY	4. Male
E De a Di	STATE OF BIRTH		7a. 65	76. 76.	e Oct. 2, 1935
IF DEATH COUPPED IN ISTITUTION	(If not U.S.A., name country) Pa. Nevada	CITIZEN OF WHAT COU	grade completed.	WIDDWIED DIVORCES	RVIVING SPOUSE (II wife, give maiden name)
HANDBOOK EGARDING	BOCIAL SECURITY NUMBER	96. USA	10. 1 2 live Kind of Work Done During Most of	(Specify) Married	Carol Ann Eason
PLETION OF DENCE ITEMS	13.	Working Life, Even il Retii	red) Foreman	KIND OF BUSINESS OR INDUSTRY	
1.	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	14b. State Governmen	
ر ک آ	15a. Nevada	15b. Nye	15c. Tonopah	15d. 209 Booker St	INSIDE CITY LIMITS (Specify Yes or Na)
RENTS	FATHER-NAME First	Middle	Last MOTHER—MAID		.00
	18. Eldred		Cox 17.	Avis I	Riddle
	INFORMANT—NAME (Type or)		MAILING ADDRESS	(Street or R.F.D. No., City or Town, State	
٠.,	188. Carol Ann BURIAL, CREMATION, REMOVA		18b. P.O. Box 752	2, Tonopah, NV 89049	
	19a. Cremation	· }	RY OR CHEMATORY—NAME	LOCATION City	or Town State
OSITION	FUNERAL DIRECTOR SIGNAL (Or Person Acting to Such)	1 196	Desert Crematory	19c. Las Ve	gas Nevada
Į	20a. 20a.	R LICENSE	NUMBER NAME AND ADDRESS OF FA	ACILITY Neptune Society	of Nevada
٠ ٢	Z 21a. To the best of my know due to the cause(s) s	Owledge cleath of Surend as the stars of	C / Soc. 0010 Def A	veno biva., Las Vegas	NV 89134
	£0	> Class	Mark 1 in 18	22a. On the basis of examination and/or investiga at the time, date and place and due to the ca	tion, in my opinion death occurred ause(s) and manner stated.
	Signature and Title) DATE SIGNED (Mo., Signature and Title)	Day, Yr.) HOUR OF DI	EATH PE	(Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR	R OF DEATH
TIFIER	8분 21b.	SO O 210. 12	240	22b. 22c.	
	PE NAME OF ATTENDR	IG PHYSICIAN IF OTHER THAN CERT	IFIER (Type or Print)		IOUNCED DEAD (Hour)
		S OF CERTIFIED (PHYSICIAN) ATTEN	Inne silve	22d. ON 22e. A	AT .
L	23a Paul 1	E Michael M.D	IDING PHYSICIAN, MEDICAL EXAMINER. OF	CORONER). (Type or Print.)	LICENSE MINADED
DITIONS	REGISTRAR	7. HICHAEL, M.D.	3/30 S. Eastern Ave	. , Las Vegas , NV 8910	9 23b. 3214
FANÝ CH GAVE SE TO	Land, (orginalitie)	the timely.	Dent 246 AUG 3	1 (locate la	- No.
SE TO EDIATE AUSE ING THE	25. IMMEDIATE CAUSE	NIER ONLY ONE CAUSE PER LINE	OR (a), (d), AND (a).)	246. YES□ NO.	Interval between onset and death
FILYING SE LAST	PART (a)	ETGStatic	peritoneal a	deno carcino ma	with the source of order and dealing
1 1	00E 10, OH AS	A CONSEQUENCE OF:		7 1	Interval between onset and death
->	DUE TO, OR AS	A CONSEQUENCE OF:		/_/	
	(a)	or some control of the control of th			Interval between onset and death
JSE OF EATH	PART OTHER SIGNIFICAN	CONDITIONS—Conditions contributing	to death but not resulting in the underlying ca		
			an the minestyling ca	e Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes of Marie
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo , Day, Yr.) HOL	JR OF INJURY DESCRIBE HOW INJ	26. INO	27. Yes
	(Specify) 28a.	28b. 28c.	M 28d.		
; .	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, building, etc. (Sp	street factory office LOCATION	STREET OR R.F.D. No. CITY OF	TOWN STATE
;	28e.	281.	28g.		
•	1	·		N N	178212
			- N	1 W IVO	1/8717

STATE REGIST



522 PG.

"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.

WITHOUT NOT VALID RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

AUG 3 1 2001

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

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