DOC # 0130369

04:36 PM

Official Record

Recording requested By FIRST AMERICAN TITLE COMPANY Lincoln County - NV

- Recorder Leslie Boucher Fee: \$16.00 Page 1 of 3

Book- 237 Page- 0292

Recorded By: AE RPTT

A.P.N.:

003-033-03

File No:

152-2338928 (MJ)

When Recorded return to, and mail Tax Statements to: **Dorothy Synsteby**

P.O. Box 181

Caliente, NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Dorothy Synsteby, of legal age, being first duly sworn, deposes and says:

That Ardo Lemonte Synsteby, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Ardo Synsteby named as one of the parties in that certain Joint Tenancy Deed dated July 22, 1999 executed by Laverne Moffitt to Ardo Synsteby and Dorothy Synsteby, husband and wife as joint tenants, recorded as Document No. 113234 on August 17, 1999 in Book 143, page 359 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada:

THAT PORTION OF LOT 1, BLOCK 47, NORTH SIDE ADDITION TO THE TOWN OF CALIENTE, AS SHOWN UPON MAP IN THE RECORDER'S OFFICE, LINCOLN COUNTY, **NEVADA, DESCRIBED AS FOLLOWS:**

BEGINNING AT THE NORTHEAST CORNER OF SAID LOT 1; THENCE WEST 100 FEET ALONG THE SOUTH SIDE OF RYAN STREET; THENCE AT RIGHT ANGLES SOUTH 82.71 FEET; THENCE EAST 100 FEET TO THE WEST LINE OF ALICE STREET; THENCE NORTH ALONG THE WEST LINE OF ALICE STREET 82.71 FEET TO THE POINT OF BEGINNING.

Dorothy Synsteby

				_	
STATE OF	NEVADA) :ss.		ROANN MOORE	
COUNTY OF	LINCOLN)		Lincoln County • Nevade CERTIFICATE # 05-95872-1 APPT, EXP. MARCH 31, 200	9
This instrumer	nt was acknowledged b	efore me on			
Dorothy Synst	eby		_		١
Roam	e mooce				Van.
(My commission March 3	Notary Public on expires: 61, 2009)				
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		<u> </u>			

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Page: 294

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NEXAUX

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH

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

CERTIFICATE OF DEATH

DECEASED—NAME First						STATE FILE NUMBER
	Middle	. Las	nat DA1	E OF DEATH (Month,	Day, Year)	COUNTY OF DEATH
i Ardo Lemo	onte	Synsteby	· 2	July 11, 2	006	%-Lincoln
CITY, TOWN OR LOCATION OF D		OTHER INSTITUTION—Name (d number) If Hosp	. or Inst. indicate DO patient (Specify)	
			ec. 5.			
Caliente	3c.Grove	r C. Dils Medi		3e. H	mer. Rm.	4. Ma.
ACE—(e.g., White, Black, Americ Indian, etc.) (Specify)	specify Mexican, Cuban	nic Origin? Specify 🗍 yes 🔲 no i n, Puerto Rican, etc.	If yes, AGE—Last Birthday (Years)	MOS DAYS	HOURS MINS	
White	6.	the state of property of the state of the	50-citatae - 75 🐔	7b.	7c.	*June 3, 19
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				• Automot		
13. RESIDENCE—STATE	149 Painte	FORWARD AND IN		Automot	TAG	INSIDE CITY LIM
_					à	(Speaky Yes or N
15a Nevada	15b. Lincoln			15a 251.	Ryan	156, Yes
FATHER NAME First	, Aflection 3		MOTHER - MALDEN N	ME For	MIDO	76 LAK
16. Gerhard	Sy	nsteby	17 Josie	2811111	Va n	Skaugh
INFORMANT—NAME (Type or Prir		MAILING ADDE		(Street of R.F.D. No	City of Town, State	s, Zip)
18a. Dorthy Syns	tehu	166 0 0	Box 181	Caliente N	OR of Letro	ก∩ล /
BURIAL, CREMATION, REMOVAL	OTHER (Specific) CE	METERY OR CREMATORY NA		POCI		or fown State
i i	4 4 4 4	the second		A 7 89	messalati 1	
Or other strong	Removal 198	Southern Utah	Crematory	1 100	Cedar C11	ty. Utah
UNERAL DIRECTOR—SIGNATU Or Person Acting as Such)		NERAL DIFFECTION NAME AS CENSE NUMBER OF STATE O	Curbe Souther	n Neyada Mor	tuary 🛴 👢	_ /
20a. ➤ 🔾 🛋 🖈	E BUILD IN	· 407 - 673	J Pront Street	., Caliente l	lewadia (5900)	S
21s. To the best of my know	electors, cleanly confirmed all the thr	pe, date and place and	72 PER	On the Items of exacting	Mice and the investiga	ition, in my opinion death oc ause(s) end manner stated.
Signature and Title)	JU ON IN			Section of the sectio	2001	
21a. To the Deskt of my longer due of the cause(s) set of the caus	Leg my Product	OP DEATH S		BGIETO AVA. OS,	r) Hou	R OF DEATH
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ZIO. JILLY 11,	G PRYSICIAN IF OTHER THAN	CCOLLEGE TOTAL BATTLE TO THE		CUNCED DEAD (Mb.	82 8	HOUNCED DEAD (Hour)
TO THE PROPERTY OF ALLENDING	THE OWNER OF THE					
Ö 21d.			224.	mily of the second	229.	
	OF CEPTIFIER (PHYSICIAN,		Tenners	No.		LICENSE NUMBER
NAME AND ADDRESS	TE THE STATE OF TH	Chiadr Mi DA	Box 10101 (a)	a~~t~ NT/∴ 20	XXX	23b. NV10509
	ard William Kats	THE OF PARTY AND ADDRESS.	TON TOTOS COM	maire in 1 o		11710007
	ard William Kats		ECEIVED BY REGISTR			
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23a. Dr. Rich REGISTRAR 24a. (Signature)	MICBO	9Ate F 24b			ATH DUE TO COMM	UNICABLE DISEASE 百百
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STATE REGISTRAR

STATE REGISTRAR



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CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

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