

Official Record

Recording requested By  
SHERIDA L COCHRAN

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 248 Page- 0153



This document prepared by (and after recording )  
please return to: )

Name: Daniel M. Hooge, Esq. )

Address: P.O. Box 532 )

City, State, Zip: Caliente, NV 89008 )

Phone: 775-962-2665 )

-----Above This Line Reserved For Official Use Only-----

Assessor's Parcel No. = 004-131-18

**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )  
 ) :ss  
LINCOLN COUNTY )

**Sherida Lynn Cochran**, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. This affidavit relates to the deed dated 9/27/1977, and recorded on 12/14/1977, as Instrument No. 60990, in Book 23, Page 321, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is more particularly described as follows: Lot Thirty-Five (35) of Alamo South Subdivision Tract No. 1, Unit No. 1, in the County of Lincoln, State of Nevada, as shown by map thereof on file in Book A-1 of Plats, page 124, in the Office of the County Recorder of Lincoln County, Nevada.
4. **Ronald Curtis Cochran** ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
5. The decedent was my spouse.



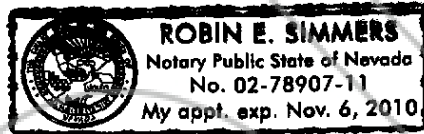
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in **Sherida Lynn Cochran**, as her sole and separate property.

DATED this the \_\_\_\_ day of April 2009.

*Sherida Lynn Cochran*  
**Sherida Lynn Cochran**

SUBSCRIBED AND SWORN to before me on  
this 7 day of April 2009  
by **Sherida Lynn Cochran**.

*Robin E. Simmers*  
Notary Public



(Seal)

My Commission Expires:

NOV 6 2010

DEPARTMENT OF HUMAN RESOURCES HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF SOURCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEASED—NAME First Middle Last <b>Ronald Curtis COCHRAN Sr.</b>			DATE OF DEATH (Month, Day, Year) <b>2 October 18, 1992</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>			COUNTY OF DEATH <b>Clark</b>
3. <b>Las Vegas</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>Humana Hospital Sunrise</b>	
RACE—(e.g., White, Black, American Indian, etc) (Specify) <b>White</b>		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) <b>3e Inpatient</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>A</b>		SEX <b>4 Male</b>	
5. <b>White</b>		DATE OF BIRTH (Mo., Day, Yr.) <b>August 11, 1945</b>	
STATE OF BIRTH (If not U.S.A., name country) <b>Mississippi</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		Decedent's Education. Specify highest grade completed. <b>10 12</b>	
9a. <b>Mississippi</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>	
13. <b>[REDACTED]</b>		SURVIVING SPOUSE (If wife, give maiden name) <b>12. Sherida L. Shumway</b>	
RESIDENCE—STATE <b>15a Nevada</b>		CITY, TOWN, OR LOCATION <b>15c Henderson</b>	
COUNTY <b>15b Clark</b>		STREET AND NUMBER <b>15d 917 Heather Dr.</b>	
14a. <b>Highway Patrolman</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. State Government</b>	
FATHER—NAME First Middle Last <b>16. Louis A. Cochran</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Mary E. Jenkins</b>	
INFORMANT—NAME (Type or Print) <b>18a. Sherida Cochran -Wife</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 917 Heather Drive Henderson Nevada 89015</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Burial</b>		CEMETERY OR CREMATORY—NAME <b>19b. Hiko Cemetery</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Burial) <b>20a. [Signature]</b>		NAME AND ADDRESS OF FACILITY <b>20b. 19 Palm Mortuary 800 So. Boulder Hwy. Henderson, NV</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <b>[Signature]</b> DATE SIGNED (Mo., Day, Yr.) <b>10/19/92</b>		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <b>[Signature]</b> DATE SIGNED (Mo., Day, Yr.)	
21b. <b>10/19/92</b>		22b. <b>12:30 P.M.</b>	
21c. <b>12:30 P.M.</b>		22c. <b>AT</b>	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. Edwin Kingsley, M.D. 3006 South Maryland Pkwy. Las Vegas Nevada</b>		22d. ON <b>22e. AT</b>	
REGISTRAR <b>24a. [Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>OCT 21 1992</b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>SMALL CELL LUNG CANCER</b>		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) <b>26. No</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. No</b>	
DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>		HOUR OF INJURY <b>28c. M</b>	
INJURY AT WORK (Specify Yes or No) <b>28a.</b>		DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>	

No. 044807

STATE REGISTRAR

"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.

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

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: [Signature]

Date Issued: NOV 12 1992

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127 702-383-1223