

Official Record

Recording requested By
LEROY AANERUD

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 255 Page- 0441



APN: 12-230-09

Recording requested by and mail documents and tax statements to:

Name: Leroy Aanerud

Address: hc-34 box-44

City/State/Zip: Caliente, NV. 89008

AFFIDAVIT

Nevada Legal Forms & Books, Inc. (702) 870-9877
www.legalforms.com

**AFFIDAVIT-TERMINATION OF JOINT TENANT
Death of a Joint Tenant**

I, Leroy Aanerud, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Clara Aanerud, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, Clara Aanerud, named as one of the parties in that certain (type of deed) Grant, Bargain, Sale Deed, dated on the 20 day of December, 2000, and executed by Ben Salazar an unmarried man

known as Grantor(s), to Leroy Aanerud and Clara Aanerud, known as Grantees, as joint tenants, and recorded as instrument number II5800

on the 27 day of December, 2000, in Book I52, of Official Records of Lincoln, County, Nevada, covering the following described property situated in the City of _____, County of Lincoln, State of Nevada. (Set forth commonly known address)

hc-34box-44, Caliente, Nevada 89008

WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.

Initials LA



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Legal Description:

Parcel 4A of that certain Parcel Map recorded March 27, 1996 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 478 as file No. I05004 Lincoln County, Nevada records.

ASSESSOR, S PARCEL NUMBER I2-230-09


In Witness Whereof, I/We have hereunto set my/our hand(s) this 10 day of April, 2010.

Leroy Annerud
Signature

Signature

Leroy Annerud
Print or type name here

Print or type name here

STATE OF)
COUNTY OF)
On this <u>10</u> day of <u>April</u> , 20 <u>10</u> , personally appeared before me, a Notary Public, <u>Leroy Annerud</u>
<input type="checkbox"/> personally known to me OR <input type="checkbox"/> proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein; who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.
<p><u>Chrystal Malloy</u> Notary Public My commission expires: <u>June 27, 2012</u></p>
 <p>CHRYSTAL MALLOY Notary Public State of Nevada No. 08-7319-11 My appt. exp. June 27, 2012</p>
Consult an attorney if you doubt this forms fitness for your purpose.

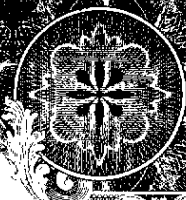


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NEVADA OF VITAL RECORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2009019646
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Clara AANERUD		2. DATE OF DEATH (Mo/Day/Year) December 02, 2009		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Grover C Dils Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 18, 1929		9a. STATE OF BIRTH (if not U.S.A., name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 9		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Leroy AANERUD	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER HC 34 Box 44		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Glen FOWLER			17. MOTHER - NAME (First Middle Last Suffix) Lucille SMITH		
18a. INFORMANT - NAME (Type or Print) Leroy AANERUD			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 34 Box 44 Caliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD KATSCHKE M.D. SIGNATURE AUTHENTICATED		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) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) January 28, 2010		21c. HOUR OF DEATH 02:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 01, 2010		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)				Interval between onset and death	
PART I (a) Cardiac Arrest				1 Hour	
DUE TO, OR AS A CONSEQUENCE OF: (b) Ventricular Fibrillation				Interval between onset and death 2 Hours	
DUE TO, OR AS A CONSEQUENCE OF: (c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			

STATE REGISTRAR

313488

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.

DATE ISSUED: 02/01/2010

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PRNCO (Rev.) 11/06

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

