DOC # 0136678

04/2010 02:12

Official Record
Recording requested By

Recording requested By CONCEPCION J. WEST

Lincoln County - NV

Lincoln County - NV
Leslie Boucher - Recorder
Fee: \$15.00 Page 1 of 2

RPTT Recorded By: AE

Book- 259 Page- 0354

A.P.N.:

010-173-06

File No:

- 0

When Recorded return to, and mail Tax Statements to: Sandra D. Hockenberry HCR 61 Box 44 Alamo, NV 89001

AFFIDAVIT - TERMINATING JOINT TENANCY

Sandra D. Hockenberry, of legal age, being first duly sworn, deposes and says:

That **Stephen Harvey Almond**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Stephen H. Almond** named as one of the parties in that certain **Grant**, **Bargain and Sale Deed** dated **1/23/2006** executed by **Priscilla Travis**, a married woman and **Elizabeth Keller**, an unmarried woman to **Sandra D. Hockenberry and Steven H. Almond** as joint tenants, recorded as Document No. **125901** on **2/3/2006** in Book **211 page 432** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada**:

LOT 6, BLOCK 3 OF SUNSET ACRES, TRACT NO. 1, ACCORDING TO THE OFFICIAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON OCTOBER 6, 1975, IN BOOK A, PAGE 117, OF PLATS, AS FILE NO. 57314.

Sandra D. Hockenberry

RIANNAN STEVER Notary Public-State of Nevada APPT. NO. 06-104588-11 My App. Expires April 12, 2014

STATE OF

NEVADA

)

COUNTY OF Lincoln

:55.

This instrument was acknowledged before me on Nov. 4, 2010

____bySandra D. Hockenberry

Notary Public

(My commission expires: April 12, 204)

DEVISION OF HEALTH — VITAL STATISTICS

<u> </u>	≟ -							
TYPE OR			CERTIFICATE OF	DEATH		200700330	4	
PRINTIN	1a. DECEASED NAME FIRST	15. MIDOLE	1c. LAST	2. [ATE OF DEATH (Mo/Day)	TATE FILE NUMBER Yours 3a COUNTY (OF DEATH	
RMANENT	Stephen	Harvey	ALMOND		June 11 2007		Clark	
LACK INK	3b. CITY, TOWN, OR LOCATIO	N OF DEATH 3c. HOSPITAL C	R OTHER INSTITUTION -Name	If not either, give s	treet 3e.If Hosp. or Inst. in	idicate DOA, OP/Emer.	Rm. 14. SEX	
ECEDENT	. Las Vegas		Valley Hospital Medical C		Innetiant/Qnanity	npatient	Male	
LOUDLIN	5. RACE (e.g., White, Black,	6. Was Decadent of Hispanic ()rigin? No Za. AC	iE-Last 7b	UNDER 1 YEAR 7c. UNDE	R 1 DAY 8. DATE OF E	1 7 7 7 7	
	American Indian) (Specify) White	If yes, specify Mexican, Cuban, Non-h	Puerto Rican, etc. Birthos	y (Years) 55	MOS DAYS HOURS	I MINS I	ber 22, 1951	
IF DEATH	9a. STATE OF BIRTH (If not U.S	A OF OUTSTANDED	T COUNTRY 10. EDUCATION 11	MARRIED, NEVE	R MARRIED, WIDOWED.	12 STEVIVING SEC	LICE (if water all a	
STITUTION	name country) Washington	United Sta	ites 13	VORCED (Specify)	Married	maideri name) Lori	RUSSELL -	
ANDBOOK SARDING	13. SOCIAL SECURITY NUMBER 138 USBAT GCCUPATION (Give Kind of Work Done Dunna Most of Working 14th KIND OF RUSINESS OF INDUSTRY							
ETION OF	Musician Entertainment							
MŠ	15a RESIDENCE - STATE	15b COUNTY	15c. CITY, TOWN OR LOCATIO	N 15d. STR	EET AND NUMBER		15e INSIDE CITY	
	Nevada	Clark	Rachel	1 Canv	on Road	35 35 35	LIMITS (Specify Yes or No) Yes	
	16 FATHER - NAME (First Middle Last Suffix) 17 MOTHER - NAME (First Middle Last Suffix)							
RENTS	Robert W ALMOND Mary D ESCLARES							
	18a. INFORMANT- NAME (Type or Print) Lori ALMOND 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 34864 Mission Blvd. #126 Union City, California 94587							
			CEMETERY OR CREMATORY	NAME 19c. LOCATION City or Town State				
SITION	Cremat		Palm Cr	ematory	1 1	Las Vegas Nevad	la 89101	
	208. FUNERAL DIRECTOR - SI	SNATURE (Or Person Acting as IS BUTLER	Such) 20b. FUNERAL DIRECTOR LICENSE	20c. NAME A	ND ADDRESS OF FACILITY			
. :	l <u>-</u>	URE AUTHENTICATED	81	7	Affordable Crematic			
CALL	TRADE CALL - NAME AND ADD	RESS		The state of the s	2457 N Decatur Blvd	Las vegas NV 89	1106%	
		nowledge, death eccurred at the Signature & Title) SIGNATU F	F AUTHENTICATED		sis of examination and/or inv	estigation, in my opinion	death occurred at	
200	_ g ਰੋBERA	LDO VAZQUEZ COI	RREA MD	22b. DATE SIG	nd place and due to the cau	se(s) stated. (Signature i	& Title)	
	3 21b. DATE SIGNED (Mo		OF DEATH	22b. DATE SIG	NED (Mo/Day/Yr)	22c HOUR OF DEA	тн	
IER	June 17, 2007 # 21d. NAME OF ATTEND				<u></u>	<u> </u>		
8 4	章	ING PHYSICIAN IF OTHER TH	AN CERTIFIER	g 22d PRONOUI	NCED 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) 23b. LICENSE NUMBER							
- 1	BERALDO		720 ·					
RAR	24a. REGISTRAR (Signature)	SUSAN ZAN		ATE RECEIVED BY	76 27	DEATH DUE TO COMM		
		SIGNATURE AUTHEN	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一		18, 2007		X	
OF	25 IMMEDIATE CAUSE	(ENTER ONLY ONE CAL	JSE PER LINE FOR (a), (b), AND			erval between onset and		
H	PART (a) Cardiopu	ılmonary arrest	,	1 1	:	utes		
iF .		AS A CONSEQUENCE OF				rval between onset and	death	
H TO		tic caremoma		<i>l</i>	Ye			
F-)	DUE TO, OR	AS A CONSEQUENCE OF:		/ 		rval between onset and	death	
HE NG	(c)		/	/]	
	PART OTHER SIGNIFICA	NT CONDITIONS-Conditions to	ntributing to death but not resultin	g in the underlying	cause given in Part 1 26. A	UTOPSY (Specify 27. W	AS CASE REFERRED	
囊星		PART OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not resulting in the underlying cause given in Part 1 26. AUTOPSY (Specify 17 TO CORONER (Specify 17 or No) NO NO						
	ACC. SUICIDE, HOM., UNDET. 28b. DATE OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED.							
l _z	28e. INJURY AT WORK (Specify	281, PLACE OF INJURY. At ho.	ne, farm, street, factory, office	RO-I-DCATION	STREET OR R.F.D. No.	CITY OR TOWN		
	Yes or No)	building, etc. (Specify)	and an analysis of the second se	-a recuiron	SINEEL OR K.P.U. NO.	CITTOR FOWN	STATE	
- 4	1 1 1 2	<u> </u>				·		
r ·	N M H	五、五、五、五、二、五、二、五、二、五、二、五、二、五、五、五、五、五、五、五	STATE REG	ISTRAR				

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

VRS-Rev

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT Lawrence K. Sands, D.O., M.P.H.

Registrar of Kital Statistics

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Date Issued:

NOV 26 2007