

Official Record

Recording requested By
CONNIE OHLANDT

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT Recorded By: DP
Book- 260 Page- 0033



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)

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Assessor's Parcel No. = 001-191-01 and 001-191-02

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
) :ss
LINCOLN COUNTY)

Connie Ann Ohlandt, 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 10/13/2004, and recorded on 10/14/2004, as Instrument No. 123215, in Book 192, Page 219, 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: Lots 1, 2, 3, and 4 in Block 31 of the Town of Pioche, Lincoln County, Nevada.
4. **Anna June Layton** ("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 mother.



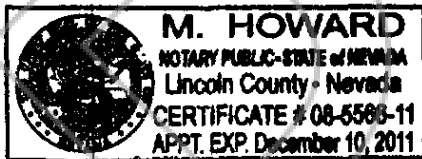
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in **Connie Ann Ohlandt**, as her sole and separate property.

DATED this the 29 day of NOV. 2010.

Connie Ann Ohlandt
Connie Ann Ohlandt

SUBSCRIBED AND SWORN to before me on
this 29 day of Nov 2010
by **Connie Ann Ohlandt**.

M. Howard
Notary Public



(Seal)

My Commission Expires:

Dec 10, 2011

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

CERTIFICATE OF DEATH

2008016427

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) Anna June LAYTON		2. DATE OF DEATH (Mo/Day/Year) October 31, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Blue Diamond		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) 20 Cerritos Street Box 20		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 79	
9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)		8. DATE OF BIRTH (Mo/Day/Yr) June 06, 1929	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Librarian		14b. KIND OF BUSINESS OR INDUSTRY Library	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Blue Diamond	
15d. STREET AND NUMBER 20 Cerritos Street Box 20		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) SHIPMAN			17. MOTHER - NAME (First Middle Last Suffix) Edna Lou UNTHANK		
18a. INFORMANT - NAME (Type or Print) Connie Ann OHLANDT			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 7113 Moon Court Las Vegas, Nevada 89145		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Palm Valley View Cemetery		19c. LOCATION City or Town State Las Vegas Nevada 89123	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Eastern 7600 S Eastern Las Vegas NV 89123	
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) DEAN TSAI MD 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) November 05, 2008		21c. HOUR OF DEATH 07:00		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DEAN TSAI MD 1701 W. Charleston Blvd. Las Vegas, NV 89102			
23b. LICENSE NUMBER 9130		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 05, 2008		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).) PART I (a) Chronic obstructive pulmonary disease					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
PART II					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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

"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.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By:

Date Issued:

NOV 06 2008