DOC # 0137110

11/29/2010 09 43 AM

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-0038

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

Name: Daniel M. Hooge, Esq.

Address: P.O. B City, State, Zip: Calien

P.O. Box 532 Caliente, NV 89008

Phone:

775-962-2665

Assessor's Parcel No. = 001-073-15

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. 123216, in Book 192, Page 221, 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 1 in Block 33 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.
- 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 7700.

Connie Ann Ohlandt

SUBSCRIBED AND SWORN to before me on this <u>29</u> day of <u>November</u>2010 by Connie Ann Ohlandt.

Notary Public

(Sout)

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			
PERMANENT	1a DECEASED NAME (FIRST MIDDLE	/TON			2. DATE OF DEATH October 3	(Mo/Day/Year) 1, 2008	3a. COUNTY OF DEA Clark		
	3b. CITY, TOWN, OR LOCATION OF D Blue Diamond	EATH 3c HOSPITAL Of and number)	ROTHER INSTITUTION - 20 Cerritos Stree		Inpatient(Sp	\	350	SEX Female	
DECEDENT	5. RACE White (Specify)	No - N	anic Origin? Specify on-Hispanic		9 MOS DAYS	HOURS MINS	8 DATE OF BIRTH (June 06	1929	
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada	United Sta	ites 12	DIVORCED	7	ved maider	RVIVING SPOUSE (#		
INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF	13, SOCIAL SECURITY NUMBER	14a. USUAL OCCUPA Working Life, Even if F	Librai	ian		SINESS OR INDUS Library	Forces?	US Armed No IDE CITY	
RESIDENCE ITEMS	154 RESIDENCE - STATE 15b. Co	OUNTY Clark	15c. CITY, TOWN OR LO Blue Diam	ond	5d STREET AND NUMBE 20 Cerritos Street B	ox 20	LIMITS (or No)	Specify Yes No	
PARENTS	16 FATHER - NAME (First Middle La	st Suffix) SHIPMAN			- The -	a Lou UNTHA	NK		
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Connie Ann OHLANDT 7113 Moon Court Las Vegas, Nevada 89145								
ISPOSITION	Fr: 115 Tills	F. F	Palm Va	alley View Ce			City or Town Sta egas Nevada 89	76	
	20a. FUNERAL DIRECTOR SIGNATURE SIGNATURE		Such) 20b. FUNERAL DIRECTOR LK	CENSE		alm Mortuary-E astem Las Vegi	4/2/2		
RADE CALL	TRADE CALL - NAME AND ADDRESS		time, date and place and	≥ 22a.	On the basis of examination	n and/or investigatio	n, in my opinion death	occurred at	
CERTIFIER	due to the cause(s) stated. (Signature of the cause	rieture & Title) SIGNA EAN TSAL MD	OF DEATH	ED B Z the tir	me, date and place and du DATE SIGNED (Mo/Day/Y	e to the cause(s) sta	ted (Signature & Title)	·	
	November 05, 2008 21d. NAME OF ATTENDING PH (Type or Print)	IYSICIAN IF OTHER TH	07:00 AN CERTIFIER		PRONOUNCED DEAD (M	lo/Day/Yr) 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					` '	3130		
REGISTRAR		NINETTE HAR		in a market	EIVED BY REGISTRAR November 05, 2008	3			
CAUSE OF	25. IMMEDIATE CAUSE (EN		PER LINE FOR (a), (b), A	ND (c).)			Interval between one	set and death	
CONDITIONS IF	DUE TO, OR AS A CO	ONSEQUENCE OF:					Interval between on	set and death	
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE	DUE TO, OR AS A C			JJ			interval between on		
STATING THE UNDERLYING CAUSE LAST	(d)	ONSEQUENCE OF.			75/57 	[26. AUTO	r=F		
/ /	PART II				Since Holes that the cool look	(Specify Y	es or No) TO CORON Or No)	ASE REFERRED NER (Specify Yes Yes	
	OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo/Day/)			RIBE HOW INJURY OCCURR		TV OR TOWA!	STATE	
	28e. INJURY AT WORK (Specify 28f. Yes or No) fault	PLACE OF INJURY-At ding, etc. (Specify)				R.R.F.D. No. CI	TY OR TOWN	SIAIE.	
2			STAT	E REGISTRA	K.		그는 물	ğ - Ti	

*CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS (MRS. Rev. 2008T 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