



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. = 001-073-15

**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.
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 November 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

Main form containing fields for deceased name (Anna June LAYTON), date of death (October 31, 2008), sex (Female), race (White), age (79), education (12), marital status (Widowed), occupation (Librarian), residence (Blue Diamond), parents (SHIPMAN, Edna Lou UNTHANK), informant (Connie Ann OHLANDT), disposition (Burial), funeral director (BART BURTON), certifier (DEAN TSAI MD), registrar (NINETTE HARRINGTON), and cause of death (Chronic obstructive pulmonary disease).

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