

Official Record

Recording requested By  
LANA WEBB

Lincoln County - NV  
Leslie Boucher - Recorder  
Fee: \$16.00 Page 1 of 3  
RPTT Recorded By: DP  
Book- 267 Page- 0200



0139593

APN: 0104208  
Recording requested by and mail documents and tax statements to:

Name: Lana Webb

Address: 830 Irene St.

City/State/Zip: Burleson, Texas 76028

AFF111mk  
Nevada Legal Forms & Books, Inc. (702) 870-8977  
www.legalformsrus.com

**AFFIDAVIT-TERMINATION OF JOINT TENANT**

Death of a Joint Tenant

I, Lana Webb, the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Keith Ronald Hollinger, the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as, Keith Hollinger, named as one of the parties in that certain (type of deed) Deed of Trust, dated on the 6 day of August, 1976, and executed by Title Insurance and Trust Company and Richard Redman an unmarried man, known as Grantor(s), to Keith R. Hollinger and Frankie Hollinger, known as Grantees, as joint tenants, and recorded as instrument number 58447, on the 24 day of August, 1976, in Book 18 Page 120, of Official Records of Lincoln, County, Nevada, covering the following described property situated in the City of Pioche, County of Lincoln, State of Nevada. (Set forth commonly known address)

520 Main Street, Pioche, Nevada 89043

**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.**



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10/21/2011  
Page 2 of 2

Legal Description:

Lot Seven (7) and Eight (8) in Block Fifty One (51)  
Pioche Town, Lincoln County, Nevada

In Witness Whereof, I/We have hereunto set my/our hand(s) this 21 day of October, 2011.

Lana L Webb  
Signature

Lana L Webb  
Print or type name here

Signature

Print or type name here

STATE OF )  
COUNTY OF )

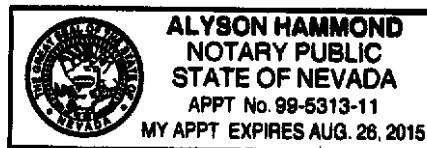
On this 21 day of October, 2011, personally appeared before me, a Notary Public, Lana L Webb

personally known to me OR  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.

Alyson Hammond  
Notary Public

My commission expires: Aug. 26, 2015

Consult an attorney if you doubt this forms fitness for your purpose.





0139593

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Page 20210/21/2011  
Page 2 of 2STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICSVOID  
CERTIFICATE OF DEATH

2011015460

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Keith HOLLINGER</b>			2. DATE OF DEATH (Mo/Day/Year) <b>September 29, 2011</b>		3a. COUNTY OF DEATH <b>Clark</b>		
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>			3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Nathan Adelson Hospice NW</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Hospice Facility (HFS)</b>		
DECEDENT	4. SEX <b>Male</b>			5. RACE <b>White</b>		6. DATE OF BIRTH (Mo/Day/Yr) <b>August 27, 1944</b>		
	7a. AGE-Last birthday (Years) <b>67</b>			7b. UNDER 1 YEAR MO   DAYS   HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>August 27, 1944</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM	9a. STATE OF BIRTH (If not U.S.A. name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
	12. SURVIVING SPOUSE (if wife, give maiden name)		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Carpenter/miner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Carpentry/mining</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>		15d. STREET AND NUMBER <b>529 Main Street</b>	
	16. FATHER/PARENT - NAME (First Middle Last - Suffix) <b>Joseph HOLLINGER</b>				17. MOTHER/PARENT - NAME (First Middle Last - Suffix) <b>Blanche DRAKE</b>			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Jerry WEBB</b>			18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) <b>830 Irene Street Burleson, Texas 76028</b>				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>			
TRADE CALL	20a. FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) <b>CHRIS WALTERS</b>		20b. FUNERAL DIRECTOR LICENSE <b>84</b>		20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial</b> <b>1111 Las Vegas Blvd N Las Vegas NV 89101</b>			
	21. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119</b>							23b. LICENSE NUMBER <b>11795</b>
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>WARREN WHEELER M.D.</b>			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) <b>October 04, 2011</b>		21c. HOUR OF DEATH <b>22:42</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)		
	24a. REGISTRAR (Signature) <b>SUSAN ZANNIS</b>			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 05, 2011</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						Interval between onset and death	
	PART I (a) <b>Carcinoma tongue</b>						Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF:						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 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
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: **OCT 20 2011**