		DO	C # 0143645
		Off Recordin ELIZABET	/03/2013 02:30 PM icial Record g requested By H MARCHELLO
After recording p	olease return to:		ncoln County - NV Boucher - Recorder .00 Page 1 of 3
Name:	E. Marchello	) RPTT:	Recorded By: LB 80 Page- 0177
Address:	1283 N. Christyen		I (
City, State, Zip: Phone:	W, NV 89110	()	
Assessor's Parcel Number	001-112-02		
	······································	Above This Line Reserved For	Official Use Only—
	AFFIDAVIT TERMINATING Pursuant to NRS 40.525(5)	The state of the s	
STATE OF $Ne$	vada incoln)ss		
Yvonn	e m Roberts, being	; first duly sworn, depose	s and states:
	signed Affiant, am over the age of 21 nereinafter stated. I declare that I have		
	ned in that certain Joint Tenancy Dec , as Document No. 0128614, i ords in the Office of the County Record	n Book <u>230</u> , Page	1/2007 0058, of the
	y described in the above-referenced of known as 912 Newark Stre.		
Block	26, Lot 38, Port.	of Lot 39,	District
1.0,	Proche, County of	Lincoln, s	tate of
Nevaa	la, APN 001-112	2-02	

4. <u>Barbara Bartholometa</u> ("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 177 cther
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 in me,
DATED this 27 day of Tuice, 2013,
SUBSCRIBED AND SWORN to before me on this 21 day of recommendation of the state of Washington My Commission Expires October 5, 2014

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

TYPE OR .	CERTIFICATE OF DEATH					2009015967 STATE FILE NUMBER			
PRINT IN	1a. DECEASED-NAME (FIRST,1	MIDDLE,LAST,SUFFIX)	·		2. DATE OF D	EATH (Mo/Day/Year)	3a. COUN	TY OF DEATH	
ERMANENT BLACK INK	Barbara Charlene	BARTHO		- A		ber 29, 2009		Clark	
	36 CITY, TOWN, OR LOCATION	N OF DEATH ISC HOSPI	AL OR OTHER INSTITUT	I ION -Name(If not eit	her, give street 3e.lf	Hosp. or Inst. Indicate tient(Specify)	DOA, OP/Emer	Rm. 4. SEX	
DECEDENT	Las Vegas			al Medical Cente		Inpa	tient	Female	
	5. RACE White (Specify)		. Hispanic Origin? Specify Io - Non-Hispanic	7в. AGE-Last birlhday (Year	75. UNDER 1 8) MOS D	YEAR 70 UNDER 1 D	NS I	DF BIRTH (Mo/Day/Yr) April 06, 1935	
	9a. STATE OF BIRTH (If not U.S	A JOS CITIZEN OF	MALIAT COUNTRY IN CO	UEATIONIAL MARK		D MUDOWED 140	T 10	OUSE (if wife, give	
	name country) Oklahoma	unite			D (Specify) Widower	mai	den name)	OOSE (II WIIIE, GIVE	
EE HANDBOOK REGARDING OMPLETION OF			BUAL OCCUPATION (Give Kind of Work Done During Most of g Life, Even If Retired) Grocery Clerk		ost of 14b. KIND	14b. KIND OF BUSINESS OR INDUSTRY  Retail		Ever in US Armed Forces? No	
RESIDENCE	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN		15d STREET AND	NUMBER		15e. INSIDE CITY	
ITEMS	Nevada	Lincoln	Pi	oche	38 South Main			LIMITS (Specify Yes or No) Yes	
PARENTS	16. FATHER - NAME (First Mid E	tle Last Suffix) Bab Everett GOLD	EN	17. MO	THER - NAME (First	Middle Last Suffix) Avo Idabel G	OFF		
	18a. INFORMANT- NAME (Type Yvette	or Print) WHIPPLE	18b. MAILIN	- APT	et or R.F.D. No, City o	r Town, State, Zip) aandale, Nevada	89021		
	19a. BURIAL, CREMATION, REI		I TON CEMETERY OF CE	- 2	O. BOX 1 TOO EDS	19c. LOCATIO		ow⊓ State	
SPOSITION	Removal/Cre			outhern Utah Cre	ematory	1.1	edar City U	N	
	20a. FUNERAL DIRECTOR - SIG	SNATURE (Or Person Ac	ing as Such) 20b FUI	400	Oc. NAME AND ADDR	11	<del></del>	<u>Rail 04720</u>	
		BURTON		50	1325 N	lorth Main Street L		/ 80101	
34DE 6411	TRADE CALL - NAME AND ADD	URE AUTHENTICATE		76.		IOITI MAIN SUOSE E	asvegas in	A 09101	
CERTIFIER	21b. DATE SIGNED (Mo/	d. (Signature & Title) St OTT LOREN SE Day/Yr) 21c. I 009	GNATURE AUTHENT LCO M.D. HOUR OF DEATH 01:45	CATED Delegen 22	On the basis of examine, date and place a     DATE SIGNED (Mo     PRONOUNCED DE	ind due to the cause(s /Day/Yr)	) stated. (Signar 2c. HOUR OF		
	23a. NAME AND ADDRESS OF			I, MEDICAL EXAMIN		Type or Print)	23b. LICENS		
	24a. REGISTRAR (Signature)		3186 S. Maryland	The State of the S	Gas, NV 89109 ECEIVED BY REGISTI	PAR JAG DEAT	U DUE TO COM	11189 MUNICABLE DISEASE	
REGISTRAR	248. REGISTRAR (Signature)	CARLES SIGNATURE AU	N MOSS THENTICATED	(Mo/Day/Yr)	November 04, 2	Life Control of the C	YES [	NO X	
CAUSE OF DEATH	(a)	piratory arrest	AUSE PER LINE FOR (a),	(b), AND (c).)	\		Interval b	etween onset and death	
ONDITIONS IF		s a consequence of matic intraceret	ral hemorrhage				Interval b	between onset and death	
ANY WHICH DAVE RISE TO IMMEDIATE CAUSE ->	DUE TO, OR A Hyperten	s a consequence of sion, oral antico	agulation				Interval b	etween onset and death	
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR A	S A CONSEQUENCE OF			/	· ·	Interval t	petween onset and death	
	PART II					(Speci	ITOPSY fy Yes or No) No	27 WAS CASE REFERRED TO CORONER (Specify Yes or No) NO	
/ /	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo	/Day/Yr) 28c. HOUR	OF INJURY 28d. DE	SCRIBE HOW INJURY OF	CURRED			
\ \	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJURY building, etc. (Specify)	'- At home, farm, street, fa	ictory, office 28g. Lt	OCATION STRE	ET OR R.F.D. No.	CITY OR TOV	VN STATE	
<u>ر</u> ا		· · · · · · · · · · · · · · · · · · ·		TATE DECICED	4.5	<del> </del>		<del></del>	

STATE REGISTRAN

"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

Registral of Glad Statistic

ate Issued NOV ()