

Official Record

Recording requested By  
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 280 Page- 0364



0143700

APN 001-122-03

APN \_\_\_\_\_

APN \_\_\_\_\_

Affidavit Terminating Joint Tenancy

Title of Document

This document is being rerecorded to  
attach death certificate.

Affirmation Statement

N I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: \_\_\_\_\_  
(State specific law)

Alyson Long  
Signature

Alyson Long  
Print

7-18-13  
Date

Grantees address and mail tax statement:

First American Title  
2490 Paseo Verde Pkwy Suite 100  
Henderson NV 89074  
order 2440656



Official Record

Recording requested By FIRST AMERICAN TITLE

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$14.00 Page 1 of 1 RPTT: Recorded By: LB Book- 277 Page- 0051



A.P.N.: 001-122-03 File No: 119-2440656 (BM)

When Recorded return to, and mail Tax Statements to: Brandy Riley 800 Nelson Avenue, Apt. C North Las Vegas, NV 89030

AFFIDAVIT - TERMINATING JOINT TENANCY

Brandy Riley, of legal age, being first duly sworn, deposes and says:

That Evan Bell, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Evan Bell named as one of the parties in that certain Joint Tenancy Deed dated 07/05/1973 executed by Eric Petersen and Daniel I. Petersen to Evan Bell and Edythe Marie Bell, husband and wife as joint tenants, recorded as Document No. 53085 on 07/06/1973 in Book 7, Page 542 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada :

LOTS EIGHT (8) AND NINE (9) IN BLOCK TWENTY-THREE (23) IN THE TOWN OF PIOCHE, COUNTY OF LINCOLN, STATE OF NEVADA.

Brandy Riley 2-12-13 Brandy Riley, Declarant Date

STATE OF NEVADA ) COUNTY OF CLARK ) :ss.

This instrument was acknowledged before me on 02/12/13 by

Brandy Riley Notary Public (My commission expires: 1/4/15)

Francisco Arias APPT # 06-80321-1 EXP 1/4/15 FRANCISCO ARIAS NOTARY PUBLIC STATE OF NEVADA, COUNTY OF CLARK APPT. No. 06-80321-1 MY APPT. EXPIRES JAN. 4, 2015

0143700

DEPARTMENT OF HUMAN RESOURCES - SECTION OF VITAL STATISTICS - CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

REGISTRAR

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER			STATE FILE NUMBER		
DECEASED—NAME First Middle Last <b>1. Evan BELL</b>			DATE OF DEATH (Month, Day, Year) <b>2. May 15, 1994</b>		COUNTY OF DEATH <b>3a. Clark</b>
CITY, TOWN, OR LOCATION OF DEATH <b>3b. Las Vegas</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) <b>3c. Valley Hospital</b>		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>3e. Inpatient</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>8.</b>		AGE—Last Birthday (Years) <b>7a. 82</b>	
STATE OF BIRTH (If not U.S.A., name country) <b>9a. Kansas</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>		DATE OF BIRTH (Mo., Day, Yr.) <b>8. December 3 1911</b>	
SOCIAL SECURITY NUMBER <b>13.</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Fireman/Retired</b>		KIND OF BUSINESS OR INDUSTRY <b>14b. City Government</b>	
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Clark</b>	CITY, TOWN, OR LOCATION <b>15c. Las Vegas</b>		STREET AND NUMBER <b>15d. 517 S. Mallard St.</b>
FATHER—NAME First Middle Last <b>16. Ridley Bell</b>			MOTHER—MAIDEN NAME First Middle Last <b>17. Elizabeth Evans</b>		
INFORMANT—NAME (Type or Print) <b>18a. Edythe M. Bell -Wife</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 517 South Mallard Street Las Vegas, Nevada 89107</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Removal</b>		CEMETERY OR CREMATORY—NAME <b>19b. Westminster Memorial Park</b>		LOCATION City or Town State <b>19c. Westminster California</b>	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a.</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 27</b>		NAME AND ADDRESS OF FACILITY <b>20c. Palm Mortuary 1600 S. Jones Blvd. Las Vegas, NV</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>			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) and manner stated. (Signature and Title) <i>[Signature]</i>		
DATE SIGNED (Mo., Day, Yr.) <b>21b. 5-17-94</b>		HOUR OF DEATH <b>21c. 6:38 A.M.</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b.</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d.</b>			PRONOUNCED DEAD (Mo., Day, Yr.) <b>22c.</b>		PRONOUNCED DEAD (Hour) <b>22d. ON</b>
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) <b>23a. Michael Schlachter MD 5701 W. Charleston Blvd. Las Vegas Nevada</b>					LICENSE NUMBER <b>23b. 5562</b>
REGISTRAR <b>24a. (Signature) <i>[Signature]</i></b>			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>MAY 18 1994</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>
25. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). <b>SEPSIS</b>					Interval between onset and death <b>2 DAYS</b>
PART I (a) DUE TO, OR AS A CONSEQUENCE OF: <b>Pneumonia</b>					Interval between onset and death <b>7 DAYS</b>
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Chronic Obstructive Pulmonary Disease</b>					(Specify Yes or No) <b>26. No</b>
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>25a.</b>		DATE OF INJURY (Mo., Day, Yr.) <b>25b.</b>	HOUR OF INJURY <b>25c.</b>	DESCRIBE HOW INJURY OCCURRED <b>25d.</b>	
INJURY AT WORK (Specify Yes or No) <b>26a.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>	LOCATION <b>28g.</b>	STREET OR R.F.D. No.	CITY OR TOWN STATE

No.066814

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

John Middaugh, M.D. Registrar of Vital Statistics

By: Date Issued: