



After recording please return to:)
Name: Dianne Leavitt)
Address: PO Box 94)
City, State, Zip: MOAPA, NV 89025)
Phone: 702.864.2294)
Assessor's)
Parcel Number 005-021-02)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada)
COUNTY OF Clark)^{ss}

Paul C. Lewis, 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. I am PAUL C. LEWIS, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on May 22, 1978, as Document No. 61931, in Book 25, Page 406, 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 located in Lincoln County, Nevada commonly known as Haggerty Ranch, described as follows:

LOCATED WITHIN TOWNSHIP 9 NORTH, RANGE 63 EAST, OF THE MOUNT DIABLO BASE AND MERIDIAN, LINCOLN COUNTY, NEVADA

SECTION 3: The Southwest Quarter of the Southeast Quarter (SW1/4 of SE1/4) and the Southeast Quarter of the Southwest Quarter (SE1/4 of SW1/4), and the West Half of the Southwest Quarter (W1/2 of SW1/4).

SECTION 4: The North Half of the Southeast Quarter (N1/2 of SE1/4).

SECTION 10: The North Half of the Northeast Quarter (N1/2 of NE1/4) and the Southeast Quarter of the Northeast Quarter (SE1/4 of NE1/4).

SECTION 11: The Southwest Quarter of the Northwest Quarter (SW1/4 of NW1/4); the East Half of the Southeast Quarter (E1/2 of SE1/4); the Southeast Quarter of the Northeast Quarter (SE1/4 of NE1/4); the Northwest Quarter of the Northwest Quarter (NW1/4 of NW1/4); the Southeast Quarter of the Northwest Quarter (SE1/4 of NW1/4); the Northwest Quarter of The Southeast Quarter (NW1/4 of SE1/4).



- 4. LOU JEANNE LEWIS ("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 spouse.
- 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, PAUL C. LEWIS, as sole owner.

DATED this 27th day of March, 2014,

Paul C. Lewis
Affiant

SUBSCRIBED AND SWORN to before me on this 27 day of March, 2014 by Paul C. Lewis.

Indy Adams
Notary Public

**STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH—VITAL STATISTICS**

CERTIFICATE OF DEATH

2013017386
 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

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Lou Jeanne LEWIS | | | 2. DATE OF DEATH (Mo/Day/Year) October 22, 2013 | | 3a. COUNTY OF DEATH Clark | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Moapa | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 1585 Barlow Avenue | | 3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | | 4. SEX Female |
| 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | 7a. AGE-Last birthday (Years) 87 | 7b. UNDER 1 YEAR MOS | 7c. UNDER 1 DAY DAYS | 8. DATE OF BIRTH (Mo/Day/Yr) January 10, 1926 |
| 9a. STATE OF BIRTH (if not U.S.A. name country) Utah | | 9b. CITIZEN OF WHAT COUNTRY United States | 10. EDUCATION 13 | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Paul Condie LEWIS |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker | | 14b. KIND OF BUSINESS OR INDUSTRY Own Home | | Ever in US Armed Forces? No |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | 15c. CITY, TOWN OR LOCATION Moapa | | 15d. STREET AND NUMBER 1585 Barlow Avenue | 15e. INSIDE CITY LIMITS (Specify Yes or No) No |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur BARLOW | | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Malinda Sylvesta HALL | | |
| 18a. INFORMANT - NAME (Type or Print) Dianne LEAVITT | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 94 Moapa, Nevada 89025 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Pioneer Hill Memorial Cemetery | | 19c. LOCATION City or Town State Overton Nevada | | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 49 | 20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021 | | | |
| TRADE CALL - NAME AND ADDRESS | | | | | | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ASMA HABIB M.D. SIGNATURE AUTHENTICATED | | | 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) October 23, 2013 | | 21c. HOUR OF DEATH 15:30 | | 22b. DATE SIGNED (Mo/Day/Yr) | | 22c. HOUR OF DEATH |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | | 22e. PRONOUNCED DEAD AT (Hour) | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Asma Habib M.D. 210 N Sandhill Dr. Mesquite, NV 89027 | | | | | 23b. LICENSE NUMBER 8087 | |
| 24a. REGISTRAR (Signature) LIZ MUNFORD SIGNATURE AUTHENTICATED | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 28, 2013 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) End stage Alzheimers Disease DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) | | | | | | 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) No |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | | | | |
| 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

John Middaugh, M.D.
 Registrar of Vital Statistics

By: 

Date Issued: **OCT 28 2013**