



0145733

APN: 003-174-18

AFFIDAVIT –
TERMINATION OF
JOINT TENANCY

I, Frederick E. Laflamme, an unmarried man, being of legal age, and being first duly sworn, deposed and says:

That Jo Anna Bertha Laflamme, the decedent mentioned in the attached certified copy Certificate of death, is the same person as Joanna B. Laflamme, named as one of the parties in that certain Grant Bargain Sale Deed dated October 30, 1999, and executed by Yvonne Culverwell, an unmarried woman, known as "Grantor" to Frederick E. Laflamme and Joanna B. Laflamme, husband and wife, as joint tenants with right of survivorship, known as "Grantees", and recorded as instrument numbered 113564, on the 5th day of November, 1999, in book 144 page 521, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

That certain parcel of land situate within the North Half (N1/2) of the Southwest Quarter (SW1/4) of Section 8, Township 4 South, Range 67 East, M.D.B.&M., BEING A PORTION OF The Modern Townsite of Caliente, Nevada more particularly described as follows:

Lot 1-A as shown on parcel map filed April 25, 1991 in the Lincoln County Recorder's Office in Book A of Plats, page 340 As file No: 96562, Lincoln County, Nevada records

EXCEPTING AND RESERVING all minerals, coal, carbons, hydrocarbons, oil, gas, chemical elements and compounds, whether in solid, liquid, or gaseous form and all steam and other forms of thermal energy on, in or under the above described land not previously reserved



as reserved in a deed recorded December 15, 1988, in
Book 83 of Official Records, page 412 as document No.
90453, Lincoln County, Nevada records

APN 003-174-18

DATED this 20TH day of June, 2014.
Frederick E. Laflamme
Frederick E. Laflamme

STATE OF NEVADA, COUNTY OF LINCOLN

On this 20th day of June, 2014, before me, a notary public in and for said State,
personally appeared **Frederick E. Laflamme** known or identified to me to be the
person whose name is subscribed to the within instrument, and acknowledged to
me that he executed the same

W. Catherine Tennille
NOTARY PUBLIC



RESIDING AT: *Caliente, NV 89008*
COMMISSION EXPIRES: *May 20, 2015*



LOCAL FILE NUMBER		DECEASED—NAME		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Jo Anna Bertha		LAFLAMME		2. July 18, 2006		3a. Clark	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Rural Clark County		3c. US 93 MM 82		3e.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 62		8. January 30, 1944	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Connecticut		9b. U.S.A.		10. 11		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]		14a. Caregiver		14b. Medical			
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Connecticut		15b. New Haven		15c. Southbury		15d. 230 Old Field Rd. 15e. Yes	
FATHER—NAME				MOTHER—MAIDEN NAME			
16. Aurthur Elmer Olson				17. Mildred Eveline Munson			
INFORMANT—NAME (Type or Print)				MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Frederick Eugene LaFlamme -				18b. 230 Old Field Rd., Southbury, Connecticut 06488			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Desert Crematory		19c. Las Vegas Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 64		20c. 1111 Las Vegas Blvd. N., Las Vegas, Nevada 89101			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				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)				(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)				DATE SIGNED (Mo., Day, Yr.)			
21b.				22b. 7/25/06			
HOUR OF DEATH				HOUR OF DEATH			
21c.				22c. Bef. 5:45 P.M.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)			
21d.				22d. ON 7/18/06			
				22e. AT 5:45 P.M.			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.)						LICENSE NUMBER	
23a. Gary Telgenhoff, DO, Medical Exam., 1704 Pinto Lane, Las Vegas, NV						23b. 903	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. JUL 26 2006		24c. 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) Multiple blunt force trauma					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(b) Motor vehicle collision					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(c)					
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.				AUTOPSY (Specify Yes or No)	
						26. No	
						27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY APPROX.:		DESCRIBE HOW INJURY OCCURRED	
28a. Accident		28b. July 18, 2006		28c. 3:09 P. M		28d. Driver, three-vehicle collision with fire	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e. No		28f. Highway		28g. I-15 MM 82, Rural Clark County, Nevada			

STATE REGISTRAR

No. 341016

"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 Clark County 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 CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: [Signature]
Date Issued:

JUL 28 2006

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573