



APN: 004-071-26

When Recorded, Mail to:  
JEFFREY BURR, LTD.  
2600 Paseo Verde Parkway, Suite 200  
Henderson, NV 89074

Mail Tax Statements to:  
Shelley Lynne Schofield  
4421 Grey Spencer Drive  
Las Vegas, Nevada 89141-4398

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA )  
 : ss  
COUNTY OF CLARK )

SHELLEY LYNNE SCHOFIELD, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That WILLIAM J. SCHOFIELD, JR., the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM J. SCHOFIELD, JR., named as one of the parties in that certain Grant, Bargain, Sale Deed dated December 7, 2007, executed by MARSHALL DAVIS and JULIE DAVIS, husband and wife as joint tenants with right of survivorship to WILLIAM J. SCHOFIELD, JR. and SHELLEY LYNNE SCHOFIELD, husband and wife as joint tenants with rights of survivorship, recorded on January 10, 2008, as Vesting Document No. 130780, Book/Page 238/0463, of Official Records of Lincoln County,

State of Nevada:

The real property is described as Vacant Land located in the Town of Alamo, County of Lincoln, State of Nevada, and further described as follows:


.065 acres, more particularly described as Parcel 4 of the VERI LeMOINE DAVIS AND SHIRLEY ANN DAVIS LIVING TRUST Dated October 19, 1988 Parcel Map recorded on May 7, 2007, in the Official Records of Lincoln County Recorder, Lincoln County, Nevada as Document No. 128875.

DATED this 5 day of August, 2014.

*Shelley Lynne Schofield*  
SHELLEY LYNNE SCHOFIELD

STATE OF NEVADA )  
                              ) : ss  
COUNTY OF CLARK )

On this 5 day of August, 2014, personally appeared before me the undersigned, a Notary Public in and for the said Clark County, State of Nevada, SHELLEY LYNNE SCHOFIELD, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

 ALICIA M. MCKENNA  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 08-09-17  
Certificate No: 87-1135-1

*Alicia M. McKenna*  
\_\_\_\_\_  
Notary Public



**NEVADA**  
**OF VITAL RECORD**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2014011696**  
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) <b>William Jay SCHOFIELD JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 19, 2014</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>655 Box Canyon Rd.</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Residence</b>	
4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>54</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		8. DATE OF BIRTH (Mo/Day/Yr) <b>November 21, 1959</b>	
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>24</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Shelley L MOLETON</b>			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Physician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Medical</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>4421 Grey Spencer Dr</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William Jay SCHOFIELD SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bonnie Ellen PULLEY</b>		
18a. INFORMANT - NAME (Type or Print) <b>Shelley L SCHOFIELD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4421 Grey Spencer Dr Las Vegas, Nevada 89141</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Valley View Cemetery</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89123</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MITCHELL AMOS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>30</b>		20c. NAME AND ADDRESS OF FACILITY <b>La Paloma Funeral Services</b> <b>5450 Stephanie Street Suite #110 Las Vegas NV 89122</b>	
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) <b>ROY WALCH</b> 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) <b>ROY WALCH</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) <b>July 23, 2014</b>		21c. HOUR OF DEATH <b>22:27</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>July 23, 2014</b>	
22c. HOUR OF DEATH <b>22:27</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>July 19, 2014</b>		22e. PRONOUNCED DEAD AT (Hour) <b>22:27</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Roy Walch 1050 SR 322 Pioche, NV 89043</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 23, 2014</b>		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) <b>Atherosclerotic Cardiovascular Disease</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Hypertension</b> Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>High Cholesterol</b> Interval between onset and death					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
28a. ACC., SUICIDE, HOML, 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 COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **07/29/2014**

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

