

Official Record

Recording requested By
ROGER GASKILL

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 291 Page- 0258



0146388

After recording please return to:)
 Name: Roger Gaskill)
 Address: P O Box 736)
 City, State, Zip: Caliente NV 89008-0736)
 Phone: 775-726-3737)
 Assessor's)
 Parcel Number 012-230-07)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada)
)ss
 COUNTY OF Clark) Lincoln

Roger D. Gaskill, being first duly sworn, deposes and states:

- 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.
- I am Roger D. Gaskill, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on September 25, 2006, as Document No. 127473, in Book 223, Page 128-129, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 2634 Palamino Rd., described as follows:

Parcel 12 of that certain parcel map for Gary A Carrigan recorded
may 12, 1998 in Book B, page 114 as File no. 110957 in the office
of the county recorder, Lincoln County, Nevada.



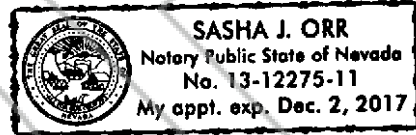
- 4. Shirley A Gaskill ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my wife.
- 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, Roger D Gaskill, as sole owner.

DATED this 21 day of October, 2014,

Roger D Gaskill
Affiant Roger D. Gaskill

SUBSCRIBED AND SWORN to before me on this 21 day of October, 2014 by Roger D Gaskill.

Sasha J Orr
Notary Public





DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2012006211
STATE FILE NUMBER

1a. DECEASED NAME (FIRST,MIDDLE,LAST,SUFFIX) Shirley Alma GASKILL	2. DATE OF DEATH (Mo/Day/Year) April 21, 2012		3a. COUNTY OF DEATH Clark
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Mountainview Hospital	3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	4. SEX Female
5. RACE White (Specify)	6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS: 76 DAYS: 76 HOURS: 76 MINS: 76
7c. UNDER 1 DAY HOURS: 76 MINS: 76	8. DATE OF BIRTH (Mo/Day/Yr) February 28, 1936		
9a. STATE OF BIRTH (If not U.S.A., name country) New York	9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
12. SURVIVING SPOUSE (If wife, give maiden name) Roger Donald GASKILL	13. SOCIAL SECURITY NUMBER [REDACTED]	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Bookkeeper	14b. KIND OF BUSINESS OR INDUSTRY Taxes
15. Ever in US Armed Forces? No	15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Callente
15d. STREET AND NUMBER Wildhorse Flats	15e. INSIDE CITY LIMITS (Specify Yes or No) No	16. FATHER/PARENT - NAME (First Middle Last Suffix) GROSS	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
18a. INFORMANT - NAME (Type or Print) Michael Edwin GASKILL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) HC 74 Box 312 Pioche, Nevada 89043		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation	19b. CEMETERY OR CREMATORY - NAME Bunker's Memory Gardens	19c. LOCATION City or Town State Las Vegas Nevada 89129	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LAURA SUSSMAN SIGNATURE AUTHENTICATED	20b. FUNERAL DIRECTOR LICENSE 679	20c. NAME AND ADDRESS OF FACILITY Kraft-Sussman Funeral Service, Inc 3975 S Durango Drive, Ste 104 Las Vegas NV 89147	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MEHRDAD AMIN TAFRESHI M.D. SIGNATURE AUTHENTICATED	21b. DATE SIGNED (Mo/Day/Yr) April 23, 2012	21c. HOUR OF DEATH 16:45	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
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)	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
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) Mehrdad Amin Tafreshi M.D. 4500 Meadows Lane Las Vegas, NV 89107	23b. LICENSE NUMBER 6718		
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 23, 2012	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).) Pulmonary metastatic carcinoma (a) DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death	Interval between onset and death	
Interval between onset and death	Interval between onset and death	Interval between onset and death	
Interval between onset and death	Interval between onset and death	Interval between onset and death	
Interval between onset and death	Interval between onset and death	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) No	
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

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: *[Signature]*

Date Issued: **MAY 08 2012**