

Official Record

Recording requested By
DELORES VANDUSEN

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 292 Page- 0377



After recording please return to:)
Name: Delores Vandusen)
Address: Po Box 373)
City, State, Zip: Pioche, NV. 89043)
Phone: (775) 962-5825)
Assessor's)
Parcel Number 001-240-53)

----Above This Line Reserved For Official Use Only----

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada)
)ss
COUNTY OF Lincoln)

Delores Vandusen, 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 Delores Vandusen, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on 6-4-1997, as Document No. 109079, in Book 128, Page 352, 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 986 BARTOLO RD, described as follows:

A PORTION OF THE SOUTH HALF (S 1/2) OF THE
NORTHEAST QUARTER (NE 1/4) OF SECTION 14, TOWNSHIP 1
NORTH, RANGE 67 EAST, M.D.B. & M, MORE PARTICULARLY
DESCRIBED AS FOLLOWS:
PARCEL 23A OF THAT CERTAIN PARCEL MAP RECORDED
DECEMBER 31, 1987 IN THE OFFICE OF THE COUNTY RECORDER
OF LINCOLN COUNTY, NEVADA IN A BOOK OF PLATS, PAGE
282 AS FILE NO. 88175, LINCOLN COUNTY, NEVADA
RECORDS.



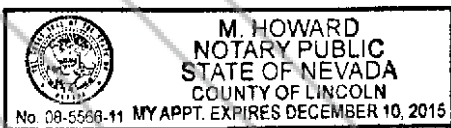
- 4. Merik VANDUSEN ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.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

DATED this 20 day of January, 2015,

Delores Vandusen
Affiant
 Delores Vandusen

SUBSCRIBED AND SWORN to before me on
 this 20 day of January, 2015 by
Delores Hammond Vandusen

M. Howard
 Notary Public





NEVADA
OF VITAL RECORD



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

2014011321
 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) Meril William VAN DUSEN JR		2. DATE OF DEATH (Mo/Day/Year) July 07, 2014		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 986 Bartolo Rd		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS : DAYS		7c. UNDER 1 DAY HOURS : MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 05, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Delores HAMMOND	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Aircraft Mechanic		14b. KIND OF BUSINESS OR INDUSTRY United States Airforce	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 986 Bartolo Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Meril William VAN DUSEN SR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian WALKER		18a. INFORMANT: NAME (Type or Print) Delores VAN DUSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 373 Pioche, Nevada 89043	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Pioche Masonic Cemetery		19c. LOCATION City or Town State Pioche Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) TIM UMINA SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) July 07, 2014		21c. HOUR OF DEATH 05:38	
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) TIM UMINA SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) July 07, 2014	
		22c. HOUR OF DEATH 05:38		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 07, 2014	
		22e. PRONOUNCED DEAD AT (Hour) 05:38		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043	
		23b. LICENSE NUMBER P033		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED	
		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 18, 2014		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				Interval between onset and death	
(a) Congestive Heart Failure				Year	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic Obstructive Pulmonary Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Thrombocytopenia				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Myelodysplastic Anemia				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Diabetes 2				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 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: **07/21/2014**

R. D. White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

