

Official Record

Recording requested By  
KATHY WILLARD

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3  
RPTT: Recorded By: LB  
Book- 295 Page- 0109



After recording please return to: )  
Name: Bob R.J. Willard )  
Address: HC 34 Box 8 )  
City, State, Zip: Caliente NV 89008 )  
Phone: 702-379-4779 )  
Assessor's )  
Parcel Number 013-190-08 )

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada )  
 )ss  
COUNTY OF Lincoln )

Bob Ralph James Willard, 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 Bob Ralph James Willard, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on 10/19/2001, as Document No. 117156, in Book 159, Page 242, 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 3450 Mabel TR Highland Knolls, described as follows:

TRACT Number 8 of Map of Division into Large parcels For WAYNE BRADLEY & The RONALD A. BRADLEY & GARDENA S. BRADLEY FAMILY TRUST, recorded in Book B of PLATS, Page 364 AS File No. 16018, in the office of the County Recorder of Lincoln County, Nevada, lying within the South Half (S1/2) of Section 3, Township 3 South, Range 67 East, M.D.B. & M. Together with all tenements, hereditaments and appurtenances, including easements and water rights, if any, there to belonging to or appertaining, and any REVERSIONS, REMAINDERS, RENTS, ISSUES, OR PROFITS there of.

Dated 2 October 2001



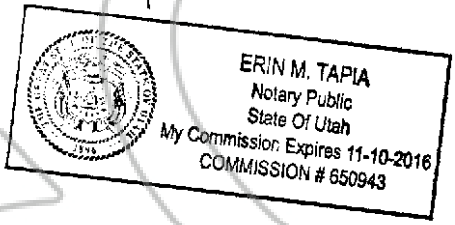
- 4. BARBARA BAILEY ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 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, Bob Ralph James Willard, as sole owner.

DATED this 9 day of April, ~~2014~~ 2015.

Bob Ralph James Willard  
Affiant

SUBSCRIBED AND SWORN to before me on this 9th day of April, 2015 by Bob Ralph James Willard.

Erin M. Tapia  
Notary Public



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

CERTIFICATE OF DEATH

2013005063  
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>Barbara A BAILEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 04, 2013</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Spring Valley Hospital Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>62</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 19, 1950</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Ohio</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Bob WILLARD</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Secretary</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>County Government</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>HC 34 Box 8</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Gilbert BAILEY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Shirley MCFADDEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Bob WILLARD</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>HC 34 Box 8 Caliente, Nevada 89008</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRIS WALTERS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>64</b>		20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial</b> <b>1111 Las Vegas Blvd N Las Vegas NV 89101</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>[Signature]</b>			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>ALANE OLSON M.D.</b> SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>March 29, 2013</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>February 04, 2013</b>		22e. PRONOUNCED DEAD AT (Hour) <b>15:28</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Alane Olson M.D. 1704 Pinto Lane Las Vegas, NV 89106</b>				23b. LICENSE NUMBER <b>9482</b>	
24a. REGISTRAR (Signature) <b>PAMELA THOMAS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 29, 2013</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>Pulmonary thromboembolism</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Deep venous thrombosis (right leg)</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) _____				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 1. <b>Post-bariatric surgery myoneurologic complication (not otherwise specified)</b>				26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28. INJURY AT WORK (Specify Yes or No) <b>No</b>			
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) <b>May 01, 2012</b>		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED <b>Therapeutic complication</b>		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Hospital</b>		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>2075 E. Flamingo Rd. Las Vegas Nevada</b>	

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: *JMS*

Date Issued: **APR 04 2013**