

Official Record

Recording requested By  
LC PUBLIC ADMINISTRATOR

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 3  
RPTT Recorded By: RE  
Book- 296 Page- 0385



0147878

This document prepared by )  
(and after recording please return to): )  
Name: Daniel M. Hooge, Esq. )  
Address: P.O. Box 60 )  
City, State, Zip: Pioche, NV 89043 )  
Phone: 775-962-8073 )  
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Assessor's Parcel No. = 010-190-01

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )  
) :ss  
LINCOLN COUNTY )

DANIEL M. HOOGE, being first duly sworn, deposes and states:

1. 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.
2. This affidavit relates to the deed dated 8/13/2009, and recorded on 9/17/2009, as Instrument No. 0134273, in Book 251, Pages 79-80, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is more particularly described as follows: Parcel 1 of the D.C. Day Parcel Map, filed with the Lincoln County Recorder on April 23, 1980, as document number 68400, consisting of 10.16 acres located in the NW ¼ of the NW ¼ of the SE ¼ of Section 36 in Township 3 South of Range 55 East of the Mount Diablo Baseline and Meridian; also known as 8458 Canyon Road, Town of Rachel, County of Lincoln, State of Nevada, and Assessor's Parcel Number 010-190-01.
4. JAMES R. MEDLIN ("the decedent") was one of two joint-tenant 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 spouse to **KAYE ALLISON MEDLIN**, over whom the Seventh Judicial District Court in and for the County of Lincoln, State of Nevada appointed affiant guardian.
- 6. This affidavit is made for the purpose of terminating the joint tenancy between **KAYE ALLISON MEDLIN** and the aforementioned decedent in the within described property, said title now vesting solely in **KAYE ALLISON MEDLIN**, as her sole and separate property.

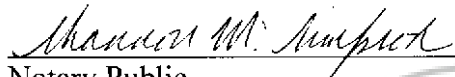
DATED this the 17 day of June 2015.

State of Nevada  
County of Lincoln

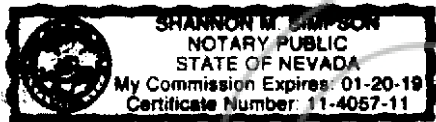


**DANIEL M. HOOQE**  
*Guardian for Kaye Allison Medlin*

SUBSCRIBED AND SWORN to before me on this 17th day of June 2015 by **DANIEL M. HOOGE**.



Notary Public



My Commission Expires:

01-20-2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2013021290  
 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  
 HAVE RISE TO  
 IMMEDIATE  
 CAUSE ->  
 STATING THE  
 UNDERLYING  
 CAUSE LAST

1a. DECEASED NAME (FIRST,MIDDLE, LAST,SUFFIX) James Roger MEDLIN JR		2. DATE OF DEATH (Mo/Day/Year) December 19, 2013		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) Desert Springs Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 14, 1931		9a. STATE OF BIRTH (if not U.S.A., name country) Arizona		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) Kaye ALLISEN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hvac Technician/cowboy		14b. KIND OF BUSINESS OR INDUSTRY Construction/service	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Rachel	
15d. STREET AND NUMBER 5543 Hilltop Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) James Roger MEDLIN SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mahala HOLLADAY		
18a. INFORMANT - NAME (Type or Print) Edna Clare MEDLIN-OWENS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) Po Box 1027 Paulden, Arizona 86334			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
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) SHEILA MIRANDA MD 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)		
21b. DATE SIGNED (Mo/Day/Yr) December 31, 2013		21c. HOUR OF DEATH 11:50		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) SHEILA MIRANDA MD 2075 E Flamingo Rd Las Vegas, NV 89119		23b. LICENSE NUMBER 11089	
24a. REGISTRAR (Signature): NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 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 (a) Chronic obstructive pulmonary disease DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) 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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC. SUICIDE, HOW, 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

VRS-Rev-20120523a

"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 authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: JAN 09 2014

Registrar of Vital Statistics  
 By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
 SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-015175

