

APN 001-034-07

When Recorded and Mail
Tax Statement to:

Teresa M. Hemmings-Talbot
7529 Silver Leaf Way
Las Vegas, NV 89147



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

TERESA M. HEMMINGS TALBOT, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is TERESA M. HEMMINGS TALBOT the person named as Joint Tenant, one of the grantees in that certain deed recorded August 22, 2009, Lots 29 and 30 in Block 41 of the Town of Pioche, as shown by map thereof recorded in Book 71, Page 433 in the office of the county recorder of Lincoln County, Nevada, and Assessor's Parcel Number 001-034-07.

Prior instrument reference: Book 251, Page 0151, Document No. 0134293, of the Recorder of Lincoln County, Nevada

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That THOMAS JOHN TALBOT was one of the grantees named in said deed and was the identical person named as THOMAS JOHN TALBOT, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Teresa M Talbot
TERESA M. HEMMINGS TALBOT

On this 14th day of July, 2015, before me the undersigned, a Notary Public in and for said state, personally appeared TERESA M. HEMMINGS TALBOT, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.

Kathryn M. Wetzel
Notary Public in and for said Clark County
and State of Nevada





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

CERTIFICATE OF DEATH

2015007063
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Thomas John TALBOT		2. DATE OF DEATH (Mo/Day/Year) April 18, 2015		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 address) Mountainview Hospital		3d. Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 53	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) September 30, 1961	
9a. STATE OF BIRTH (If not U.S.A.) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Teresa M HEMMINGS		13. SOCIAL SECURITY NUMBER	

PARENTS

14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Electronics Engineer			14b. KIND OF BUSINESS OR INDUSTRY Electronics		
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	

DISPOSITION

16. FATHER/PARENT - NAME (First Middle Last Suffix) William Robert TALBOT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jeanne LECH		
18a. INFORMANT - NAME (Type or Print) Teresa M TALBOT			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 7529 Silver Leaf Way Las Vegas, Nevada 89147		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION - City or Town State Las Vegas Nevada	

TRADE CALL

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services, Durango 4955 South Durango Dr #206 Las Vegas NV 89113	
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CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED FAWAD AHMED MD		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) April 27, 2015		21c. HOUR OF DEATH 21:54	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) FAWAD AHMED MD 3100 N Tenaya Las Vegas, NV 89128		23b. LICENSE NUMBER 9524	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 2015	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
PART I		Interval between onset and death			
(a) Cardiopulmonary Arrest		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Liver Cirrhosis		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

3828171



"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: MAY 04 2015 Registrar of Vital Statistics
 By: *Nancy Barry*
 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 # 88-0151573

