

APN 001-034-08

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. HEMMING 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. HEMMING TALBOT the person named as Joint Tenant, one of the grantees in that certain deed recorded August 22, 2009, Lots 24, 25, 26, 27, and 28 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 001-034-08.

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

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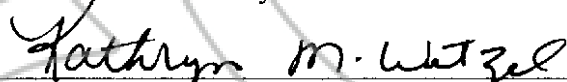


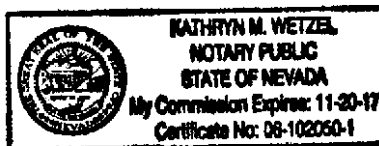
That THOMAS JOHN TALBOT was one of the grantees named in said deed and was the identical person named as THOMAS JOHN TALBOT, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.


TERESA M. 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.

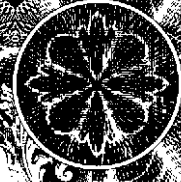
WITNESS my hand and official seal.


Notary Public in and for said Clark County
and State of Nevada





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF VITAL RECORD



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

DECEASED

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) 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 an Mountainview Hospital		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 53		7b. UNDER 1 YEAR MO'S DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
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 [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electronics Engineer		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 7529 Silver Leaf Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William Robert TALBOT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jeanné 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	
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	
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) FAWAD AHMED 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) April 27, 2015		21c. HOUR OF DEATH 21:54		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) 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		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) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Liver Cirrhosis					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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 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

