

Official Record

Recording requested By  
TAENG-ON RACHCHUSIRI

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 297 Page- 0391



After recording please return to: )

Name: Taeng-on Rachchusi'w )

Address: 2039 Cardigan Ave )

City, State, Zip: N. Las Vegas NV 89032 )

Phone: 702-336-3599 )

Assessor's )

Parcel Number 013-190-12 )

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**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada )  
 )ss  
COUNTY OF CLARK )

Taeng-on Rachchusi'w, 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 Taeng-on Rachchusi'w, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on Feb. 5 2003, as Document No. 119444, in Book 170, Page 11, 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 \_\_\_\_\_, described as follows:

Tract 12 of Map of division into large parcels for Wayne Bradley and the Ronald A. Bradley and Cordelia S. Bradley Family Trust recorded in Book 3 of plats, Page 364 as File No. 110618 in the office of the county recorder of Lincoln county, Nevada, lying within the south 1/2 of section 3, Township 3 South, Range 67 East, MDBM



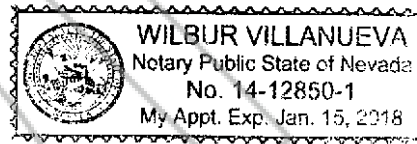
- 4. Seontorn Rachchusiri ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this 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, Taeng-on Rachchusiri, as sole owner.

DATED this 3 day of August, 2015,

Taeng-on Rachchusiri  
 Affiant  
Taeng-on Rachchusiri

SUBSCRIBED AND SWORN to before me on this 3<sup>rd</sup> day of August, 2015 by Taeng-on Rachchusiri.

Wilbur Villanueva  
Notary Public



State Nevada, County clerk



**NEVADA**  
**OF VITAL RECORD**



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

**CERTIFICATE OF DEATH**

**2014001183**  
 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)<br><b>Soontom RACHCHUSIRI</b>                                                                                                           |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>January 15, 2014</b>                                                     |                                                                                                                                                                     | 3a. COUNTY OF DEATH<br><b>Clark</b>                                                                                                   |                                                                                                               |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>North Las Vegas</b>                                                                                                                       |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>2039 Cardigan Avenue</b> |                                                                                                                                                                     | 3e If Hosp. or Inst. indicate DOA, OP/Emer. Rm Inpatient(Specify)<br><b>Home</b>                                                      |                                                                                                               |
| 4. SEX<br><b>Male</b>                                                                                                                                                                |  | 5. RACE Thai (Specify)                                                                                        |                                                                                                                                                                     | 6. Hispanic Origin? Specify No - Non-Hispanic                                                                                         |                                                                                                               |
| 7a. AGE-Last birthday (Years)<br><b>49</b>                                                                                                                                           |  | 7b. UNDER 1 YEAR<br>MOS   DAYS                                                                                |                                                                                                                                                                     | 7c. UNDER 1 DAY<br>HOURS   MINS                                                                                                       |                                                                                                               |
| 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>August 03, 1964</b>                                                                                                                               |  | 9a. STATE OF BIRTH (If not U.S.A. name country)<br><b>Thailand</b>                                            |                                                                                                                                                                     | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>                                                                                   |                                                                                                               |
| 10. EDUCATION<br><b>8</b>                                                                                                                                                            |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>                                     |                                                                                                                                                                     | 12. SURVIVING SPOUSE (if wife, give maiden name)<br><b>Taeng-on DONDEELERT</b>                                                        |                                                                                                               |
| 13. SOCIAL SECURITY NUMBER<br>[REDACTED]                                                                                                                                             |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Dealer</b>  |                                                                                                                                                                     | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Casino</b>                                                                                    |                                                                                                               |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>                                                                                                                                              |  | 15b. COUNTY<br><b>Clark</b>                                                                                   |                                                                                                                                                                     | 15c. CITY, TOWN OR LOCATION<br><b>North Las Vegas</b>                                                                                 |                                                                                                               |
| 15d. STREET AND NUMBER<br><b>2039 Cardigan Avenue</b>                                                                                                                                |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>                                                     |                                                                                                                                                                     | Ever in US Armed Forces? <b>No</b>                                                                                                    |                                                                                                               |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Sak RATCHUSIRI</b>                                                                                                         |  |                                                                                                               | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Sakorn</b>                                                                                                |                                                                                                                                       |                                                                                                               |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Penporn RACHCHUSIRI</b>                                                                                                                  |  |                                                                                                               | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)<br><b>2309 Cardigan Avenue North Las Vegas, Nevada 89032</b>                                   |                                                                                                                                       |                                                                                                               |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>                                                                                                                 |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Palm Crematory</b>                                                    |                                                                                                                                                                     | 19c. LOCATION City or Town State<br><b>Las Vegas Nevada 89101</b>                                                                     |                                                                                                               |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>BART BURTON</b><br>SIGNATURE AUTHENTICATED                                                                        |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>50</b>                                                                    |                                                                                                                                                                     | 20c. NAME AND ADDRESS OF FACILITY<br><b>Affordable Cremation and Burial Services</b><br><b>2457 N Decatur Blvd Las Vegas NV 89108</b> |                                                                                                               |
| TRADE CALL - NAME AND ADDRESS <b>Palm Mortuary-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131</b>                                                                                  |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)                                                     |  |                                                                                                               | 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)                                                                                                                                                         |  |                                                                                                               | 22b. DATE SIGNED (Mo/Day/Yr)                                                                                                                                        |                                                                                                                                       |                                                                                                               |
| 21c. HOUR OF DEATH                                                                                                                                                                   |  |                                                                                                               | 22c. HOUR OF DEATH                                                                                                                                                  |                                                                                                                                       |                                                                                                               |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)                                                                                                             |  |                                                                                                               | 22d. PRONOUNCED DEAD (Mo/Day/Yr)                                                                                                                                    |                                                                                                                                       |                                                                                                               |
| 21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Lisa Gavin M.D., MPH 1704 Pinto Lane Las Vegas, NV 89106</b> |  |                                                                                                               | 22e. PRONOUNCED DEAD AT (Hour)<br><b>04:45</b>                                                                                                                      |                                                                                                                                       |                                                                                                               |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Lisa Gavin M.D., MPH 1704 Pinto Lane Las Vegas, NV 89106</b> |  |                                                                                                               | 23b. LICENSE NUMBER<br><b>13249</b>                                                                                                                                 |                                                                                                                                       |                                                                                                               |
| 24a. REGISTRAR (Signature)<br><b>PAMELA THOMAS</b><br>SIGNATURE AUTHENTICATED                                                                                                        |  |                                                                                                               | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>January 30, 2014</b>                                                                                              |                                                                                                                                       | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>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>Gunshot wound of chest</b>                                                                                                                                                    |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                      |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| (b) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>                                                                                                                                           |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| DUE TO, OR AS A CONSEQUENCE OF:                                                                                                                                                      |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| (c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>                                                                                                                                           |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| 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 1                                                      |  |                                                                                                               |                                                                                                                                                                     | 26. AUTOPSY (Specify Yes or No)<br><b>Yes</b>                                                                                         |                                                                                                               |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>                                                                                                                   |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| 28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST (Specify)<br><b>Suicide</b>                                                                                                        |  | 28b. DATE OF INJURY (Mo/Day/Yr)<br><b>January 14, 2014</b>                                                    |                                                                                                                                                                     | 28c. HOUR OF INJURY<br><b>2112</b>                                                                                                    |                                                                                                               |
| 28d. DESCRIBE HOW INJURY OCCURRED<br><b>Self-inflicted gunshot wound</b>                                                                                                             |  |                                                                                                               |                                                                                                                                                                     |                                                                                                                                       |                                                                                                               |
| 28e. INJURY AT WORK (Specify Yes or No)<br><b>No</b>                                                                                                                                 |  | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)<br><b>Home</b>          |                                                                                                                                                                     | 28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE<br><b>2039 Cardigan Avenue North Las Vegas Nevada</b>                           |                                                                                                               |

STATE REGISTRAR

753398

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: **FEB 05 2014**

Registrar of Vital Statistics  
 By: *Darcy Bandy*

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

