



APN 001-191-88

APN _____

APN _____

Affidavit Terminating Joint Tenancy (Death of a Joint Tenant)

Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____
(State specific law)

Lisa Fujimoto
Signature

Receptionist for
Tyrell Law, PLLC
Title

Lisa Fujimoto
Print

4-1-16
Date

Grantees address and mail tax statement:

Susan Steaffens
126 Mint Orchard Drive
Henderson, NV 89002



3. That RALPH M. RENNERT, the decedent, is the same person named in that certain Death Certificate, a certified copy of which is attached hereto, evidencing his death on January 12, 2016.

Susan V. Steaffens

SUSAN V. STEAFFENS

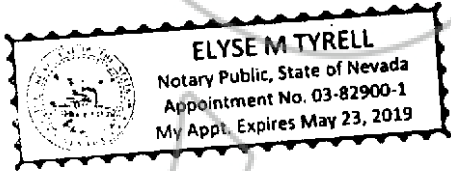
STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

On this 21 day of March, 2016, before me the undersigned, a Notary Public in and for the said State, personally appeared SUSAN V. STEAFFENS, 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 persons acted, executed the instrument.

WITNESS my hand and official seal.

Elyse M Tyrell

NOTARY PUBLIC





DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
 VITAL STATISTICS

CASE FILE NO. 3873316

CERTIFICATE OF DEATH

2016000521
 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

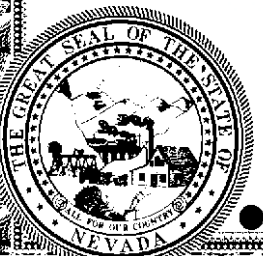
CONDITIONS IF
 ANY WHICH
 GAVE RISE TO
 IMMEDIATE
 CAUSE
 STATING THE
 UNDERLYING
 CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ralph Melvin RENNERT		2. DATE OF DEATH (Mo/Day/Year) January 12, 2016		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 Inpatient)(Specify) Nathan Adelson Hospice Hospice Facility (HFS)		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
9a. STATE OF BIRTH (If not U.S.A., Wisconsin)		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 9	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Roofer)		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 126 Mint Orchard Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Susan STEAFFENS	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Laverne RENNERT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marcella LEU		
18a. INFORMANT - NAME (Type or Print) Susan STEAFFENS			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 126 Mint Orchard Drive Henderson, Nevada 89002		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSEPH M PALMER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD856		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015	
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) JONATHAN W VON KOENIG DO 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) January 14, 2016		21c. HOUR OF DEATH 20:22		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22c. HOUR OF DEATH		22e. PRONOUNCED DEAD AT (Hour)
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Jonathan W Von Koenig DO 4141Swenson Street Las Vegas, NV 89119					23b. LICENSE NUMBER DO1963
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 15, 2016		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) Cerebral Vascular Accident				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Hypertension				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 I.					26. AUTOPSY (Specify Yes or No) No
26. AUTOPSY (Specify Yes or No) No	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes				
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.		28h. CITY OR TOWN		28i. STATE	

LOCAL 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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



217342

DATE ISSUED: JAN 21 2016
 This copy not valid unless prepared on watermarked security paper 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

Registrar of Vital Statistics
 By: *Nancy Barry*

