

Official Record

Recording requested By  
ELAINE ZIMMERMAN

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 3  
RPTT: Recorded By: HB  
Book- 302 Page- 0573



After recording please return to: )  
Name: Elaine Zimmerman )  
Address: PO Box 144 )  
City, State, Zip: Pioche, NV 89043 )  
Phone: (775) 962-5639 )  
Assessor's )  
Parcel Number 001-191-34 001-193-25 EZ )

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)  
)ss  
COUNTY OF LINCOLN)

Elaine Zimmerman, formerly known as Elaine Mackert, 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. I am Elaine Mackert, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on April 1, 2005, as Document No. 124252, in Book 199, Pages 262 and 263, 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 located in Lincoln County, Nevada, described as follows:

Beginning at the southwest corner of that certain parcel of land shown as parcel no. 2 of that certain parcel map of the north one-half of the southeast one-quarter of the southeast one-quarter of the southwest one-quarter of section 15, township 1 north, range 67 east, MDB&M, prepared at the instance of Vaughn and Donna Phillips, which parcel map was recorded in the office of the County Recorder of Lincoln County, Nevada on March 5, 1984 in Book A-1 of Plats at Page 227, running thence North 17 37' east, along the west line of said Parcel 2 a distance of 158.68 feet; thence north 89 55' 57" west, a distance of 157.55 feet; thence south 17 37' west, a distance of 158.775 feet to the south line of said parcel no. 2; thence south 89 56' 18" west, a distance of 157.10 feet to the true point of beginning, excepting therefrom a 15 foot utility and road easement on the North side of said Parcel.



- 4. Delores E. Maurine ("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 mother.
- 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 Elaine M. Zimmerman and Thomas M. Maurine, as joint tenants with rights of survivorship.

DATED this 27 day of April, 2016,

Elaine M. Zimmerman  
Affiant  
Elaine M. Zimmerman

SUBSCRIBED AND SWORN to before me on this 27<sup>th</sup> day of April, 2016 by Elaine M. Zimmerman

M. Howard  
Notary Public



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL RECORDS

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

2015014579 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

Main form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) MAURINE; 2. DATE OF DEATH (Mo/Day/Year) July 05, 2015; 3a. COUNTY OF DEATH Lincoln; 3b. CITY, TOWN, OR LOCATION OF DEATH Pioche; 5. RACE White; 6. Hispanic Origin? No; 7a. AGE-Last birthday (Years) 75; 8. DATE OF BIRTH (Mo/Day/Yr) January 29, 1940; 10. EDUCATION 12; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed; 12. SURVIVING SPOUSE (Maiden name) Ever in US Armed Forces? No; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker; 14b. KIND OF BUSINESS OR INDUSTRY Own Home; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Lincoln; 15c. CITY, TOWN OR LOCATION Piocha; 15d. STREET AND NUMBER 578 Wide Awake Court; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Conwell ERICKSON; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florence PERONTO; 18a. INFORMANT - NAME (Type or Print) Elaine ZIMMERMAN; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 144 Pioche, Nevada 89043; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation; 19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory; 19c. LOCATION City or Town State Cedar City Utah 84720; 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE NUMBER 807; 20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Callente NV 89008; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) CHASE D DIRKS SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) August 27, 2015; 21c. HOUR OF DEATH 17:12; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER July 05, 2015; 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) CHASE D DIRKS SIGNATURE AUTHENTICATED; 22b. DATE SIGNED (Mo/Day/Yr) August 27, 2015; 22c. HOUR OF DEATH 17:12; 22d. PRONOUNCED DEAD (Mo/Day/Yr) July 05, 2015; 22e. PRONOUNCED DEAD AT (Hour) 17:32; 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043; 23b. LICENSE NUMBER 40; 24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 27, 2015; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES [ ] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) End Stage Chronic Obstructive Pulmonary Disease Interval between onset and death Instant; (b) DUE TO, OR AS A CONSEQUENCE OF: Chronic Obstructive Pulmonary Disease Interval between onset and death; (c) DUE TO, OR AS A CONSEQUENCE OF: N/A Interval between onset and death; (d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death; 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) 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. CITY OR TOWN STATE

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

8/27/2015

Signature of Registrar: R. J. White SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

