

Official Record

Recording requested By ANNA MARIE WISINGER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 303 Page- 0047



0149294

After recording please return to:

Name: Anna Marie Wisinger

Address: 700 Tullulah Ave

City, State, Zip: River Ridge, LA 70123

Phone: 504-305-6433

Assessor's Parcel Number: 006-071-01

Above This Line Reserved For Official Use Only

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF LOUISIANA)

COUNTY OF JEFFERSON) ss

Anna Marie Wisinger, 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 Anna Marie Wisinger, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on August 23, 2004, as Document No. 0137837, in Book 190, Page 176, 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 commonly known as 9585 Spring Valley, described as follows:

see exhibit



SCHEDULE C

Policy No.: CNJP-1597-370114

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Situate in the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 32, Township 3 North, Range 70 East, M.D.B.&M., more particularly described as follows:

Beginning at the Southeast corner of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 32, Township 3 North, Range 70 East, Thence North 300 feet; Thence West to the Road, Thence in a Southerly Direction following the East side of the road to the South Quarter Section line between the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) and the Southeast Quarter (SE1/4) of the Southwest Quarter (SW1/4) of Section 32; Thence East 585.75 Feet to the Point of Beginning.



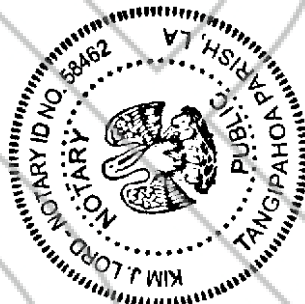
- 4. JAMES L. Wisinger ("the decedent") was one of the Grantees, named in said Decd, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 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, ANNA MARIE WISINGER, as sole owner.

DATED this 4 day of May, 2016.

Anna Marie Wisinger
Affiant

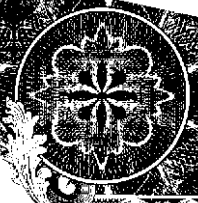
SUBSCRIBED AND SWORN to before me on this 4th day of May, 2016 by ANNA MARIE WISINGER.

[Signature]
Notary Public Kim J. Lord 58462





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH



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

2007011011
 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 James			1b. MIDDLE Lee			1c. LAST WISINGER			2. DATE OF DEATH (Mo/Day/Year) November 17, 2007			3a. COUNTY OF DEATH Lincoln											
3b. CITY, TOWN, OR LOCATION OF DEATH Rural						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) SR 322 MM LN 12						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX Male								
5. RACE-(e.g., White, Black, American Indian); (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 60			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) August 09, 1947								
9a. STATE OF BIRTH (if not U.S.A., name country) Texas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Anna Marie MARTINEC											
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mechanic						14b. KIND OF BUSINESS OR INDUSTRY Automotive											
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Pioche			15d. STREET AND NUMBER HC 74 Box 274			15e. INSIDE CITY LIMITS (Specify Yes or No) No											
16. FATHER - NAME (First Middle Last Suffix) James Odis WISINGER						17. MOTHER - NAME (First Middle Last Suffix) Ruby Lee DOTSON																	
18a. INFORMANT- NAME (Type or Print) Anna Marie MARTINEC						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 700 Tullulah Ave River Ridge, Louisiana 70123																	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory						19c. LOCATION City or Town State Cedar City Utah											
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 807			20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008														
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) TIM UMINA DEP. COR. 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) TIM UMINA DEP. COR. SIGNATURE AUTHENTICATED																	
21b. DATE SIGNED (Mo/Day/Yr)						21c. HOUR OF DEATH						22b. DATE SIGNED (Mo/Day/Yr) November 21, 2007						22c. HOUR OF DEATH 22:59					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) November 17, 2007						22e. PRONOUNCED DEAD AT (Hour) 22:59											
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) TIM UMINA DEP. COR. PO Box 570 Pioche, NV 89043												23b. LICENSE NUMBER											
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 29, 2007						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) Multiple Trauma to Head, Neck, and Chest Interval between onset and death Immediate																							
DUE TO, OR AS A CONSEQUENCE OF: (b) Traffic Accident Interval between onset and death Minutes																							
DUE TO, OR AS A CONSEQUENCE OF: (c) 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)			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes																				
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT			28b. DATE OF INJURY (Mo/Day/Yr) August 17, 2007			28c. HOUR OF INJURY 2259			28d. DESCRIBE HOW INJURY OCCURRED Ejected From Vehicle During Rollover														
28e. INJURY AT WORK (Specify Yes or No) Unknown			28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Street						28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE SR 322 MM LN 12 Nevada														

STATE REGISTRAR

176303

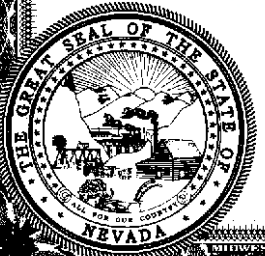
CERTIFIED COPY OF VITAL RECORDS

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:

12/07/2007

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



TODD BOYER
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

