

Official Record

Recording requested By
CREST KEY, PROF

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$19.00 Page 1 of 6
RPTT: Recorded By: AE
Book- 303 Page- 0100

RECORDING COVER PAGE

APN# 002-182-04



TITLE OF DOCUMENT

Affidavit Terminating Joint Tenancy Property

RECORDING REQUESTED BY:

Kirk D. Kaplan, Esq.

RETURN TO: Name Crest Key, Prof., LLC

Address 6980 O'Bannon Drive, Suite 100

City/State/Zip Las Vegas, NV 89117

MAIL TAX STATEMENT TO:

Name Mariane H. Wilcox

Address 404 MacArthur Way

City/State/Zip Las Vegas, Nevada 89107



APN: 002-182-04

AFFIDAVIT TERMINATING
JOINT TENANCY PROPERTY

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

MARIANE H. WILCOX, Legal Representative of the Estate of ROBERT D. WILCOX, pursuant to the "Order Granting Petition to Set Aside Estate Without Probate" (hereinafter referred to as the "Court Order") of the Official Records of Lincoln County, Nevada, recorded concurrently with this Affidavit Terminating Joint Tenancy, as Book No. 302, and Document No. 0149271 does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. ROBERT D. WILCOX is the surviving tenant of FRANK R. WILCOX, JR.
2. FRANK R. WILCOX, JR. (hereinafter referred to as the "Deceased") died in Las Vegas, County of Clark, Nevada, on March 15, 2002. A certified copy of the Death Certificate of FRANK R. WILCOX, JR. is attached hereto and incorporated herein to this Affidavit as Exhibit "A".
3. On September 29, 1998, the Deceased, a widower, and ROBERT D. WILCOX, a married man, acquired as joint tenants with right of survivorship a real property situated in Lincoln County, Nevada, by Quitclaim Deed as recorded as Instrument No. 111719 in Book No. 137 on Page No. 521 on October 9, 1998, of the Official Records of Lincoln County, Nevada. The legal description of the real property is as follows:



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All of the South half of Lot Three (3) in Block Thirty-four (34) in the town of Panaca, Nevada, together with one share of water in the Panaca Irrigation Company.

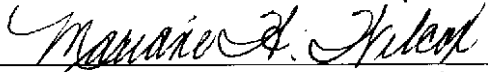
SUBJECT TO: Reservations, restrictions and conditions if any; rights of way and easements either of record or actually existing on said premises.

Together with all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

4. At the time of death of Deceased, title to the real property described in paragraph 3 above continued to be held by the Deceased, a widower, and ROBERT D. WILCOX, a married man. As a result of the death of the Deceased, the joint tenancy form of title to the real property described in paragraph 3 above is now owned by ROBERT D. WILCOX.

5. ROBERT D. WILCOX, before his death on October 18, 2010, failed to file the affidavit claiming survivorship to the property described in paragraph 3, and as such MARIANE H. WILCOX, possessing requisite authority from the Court Order, signs and records this Affidavit Terminating Joint Tenancy on behalf of ROBERT D. WILCOX and on behalf of the Estate of ROBERT D. WILCOX.

DATED this 14th day of April, 2016.


ROBERT D. WILCOX by MARIANE H. WILCOX
Legal Representative of Estate of ROBERT D. WILCOX

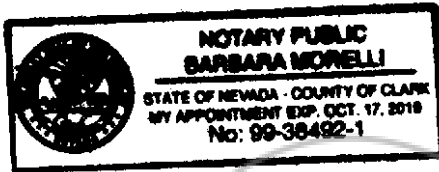


APN: 002-182-04

State of Nevada)
) ss.
County of Clark)

On this 14th day of April, 2016, before me the undersigned, a Notary Public in and for the said County and State, MARIANE H. WILCOX, 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 the instrument.

WITNESS my hand and official seal.



Barbara Morelli

NOTARY PUBLIC



COPY

Exhibit "A"

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NEVADA
OFFICE OF VITAL RECORD



CERTIFICATE OF DEATH

2002003722
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1a. DECEASED-NAME FIRST FRANKLIN R JR			1b. MIDDLE WILCOX		1c. LAST WILCOX		2. DATE OF DEATH (Mo/Day/Year) March 15, 2002		3a. COUNTY OF DEATH Clark				
3b. CITY, TOWN, OR LOCATION OF DEATH HOME			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street) HOME						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) 75		7b. UNDER 1 YEAR MOS DAYS 75		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 29, 1926			
9a. STATE OF BIRTH (If not U.S.A., Nevada			9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)				
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working)				14b. KIND OF BUSINESS OR INDUSTRY						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION UNKNOWN			15d. STREET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes or No)				
16. FATHER - NAME (First Middle Last Suffix) WILCOX						17. MOTHER - NAME (First Middle Last Suffix)							
18a. INFORMANT - NAME (Type or Print)						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)							
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation				19b. CEMETERY OR CREMATORY - NAME				19c. LOCATION City or Town State					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)			20b. FUNERAL DIRECTOR LICENSE NUMBER		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home 2127 W Charleston Blvd Las Vegas NV 89102								
TRADE CALL - NAME AND ADDRESS													
21a. To the best of my knowledge, death occurred at the time, date and place and due to the						22a. On the basis of examination and/or investigation, in my opinion death occurred at the date and place and due to the cause(s) stated. (Signature & Title)							
21b. DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH				
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER						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)									23b. LICENSE NUMBER				
24a. REGISTRAR (Signature) SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 21, 2002		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))													
PART (a) UNKNOWN										Interval between onset and death Unknown			
DUE TO, OR AS A CONSEQUENCE OF:													
PART (b)										Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:													
PART (c)										Interval between onset and death			
PART 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) Unknown		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED							
28e. INJURY AT WORK (Specify Yes or No) Unknown		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify) Unknown			28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE		

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

AKA: Frank R Jr WILCOX

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 state Board pursuant to NRS 440.175.

VRS-Rev-E3v



219093

DATE ISSUED: **JAN 27 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: *Strommell*

