

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- 0109

RECORDING COVER PAGE

APN# 001-091-08



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: 001-091-08

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. 111718 in Book No. 137 on Page No. 520 on October 9, 1998, of the Official Records of Lincoln County, Nevada. The legal description of the real property is as follows:



APN: 001-091-08

An undivided one half interest in Lots Eighteen (18) and Nineteen (19) in Block Thirty-one (31) in the town of Pioche, Nevada.

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 14<sup>th</sup> day of April, 2016.

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





COPY

Exhibit "A"

Page 4



0149307

Book 303 Page 114

05/19/2016 Page 6 of 6

# STATE OF NEVADA OFFICE OF VITAL RECORD



## CERTIFICATE OF DEATH

2002003722

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

|   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |
|---|--|--|--|--|--|---|--|--|---|--|--|--|--|--|---|--|--|
| 1a. DECEASED-NAME FIRST<br><b>FRANKLIN R JR</b>   |  |  | 1b. MIDDLE<br><b>WILCOX</b>  |  |  | 1c. LAST<br><b>WILCOX</b>   |  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>March 15, 2002</b>   |  |  | 3a. COUNTY OF DEATH<br><b>Clark</b>  |  |  |   |  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>HOME</b>   |  |  |  |  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street)<br><b>HOME</b>  |  |  |   |  |  | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)<br><b>Male</b> |  |  | 4. SEX  |  |  |
| 5. RACE-(e.g., White, Black, American Indian) (Specify)<br><b>White</b>   |  |  | 6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc.<br><b>No Non-hispanic</b> |  |  | 7a. AGE-Last birthday (Years)<br><b>75</b>  |  |  | 7b. UNDER 1 YEAR<br><b>MOS</b>  |  |  | 7c. UNDER 1 DAY<br><b>HOURS</b>  |  |  | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>April 29, 1926</b> |  |  |
| 9a. STATE OF BIRTH (If not U.S.A.)<br><b>Nevada</b>   |  |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>  |  |  | 10. EDUCATION<br><b>13</b>  |  |  | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>                                 |  |  | 12. SURVIVING SPOUSE (if wife, give name)  |  |  |   |  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working)  |  |  |   |  |  | 14b. KIND OF BUSINESS OR INDUSTRY   |  |  |  |  |  |   |  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  |  | 15b. COUNTY<br><b>Clark</b>  |  |  | 15c. CITY, TOWN OR LOCATION<br><b>UNKNOWN</b>   |  |  | 15d. STREET AND NUMBER<br><b>UNKNOWN</b>  |  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)  |  |  |   |  |  |
| 16. FATHER - NAME (First Middle Last Suffix)<br><b>WILCOX</b>   |  |  |  |  |  | 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)<br><b>Cremation</b>  |  |  | 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<br><b>Davis Funeral Home<br/>2127 W Charleston Blvd Las Vegas NV 89102</b>  |  |  |   |  |  |  |  |  |   |  |  |
| 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)<br><b>SIGNATURE AUTHENTICATED</b>  |  |  |  |  |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>March 21, 2002</b>  |  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input type="checkbox"/></b> |  |  |  |  |  |   |  |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |   |  |  |
| PART (a) <b>UNKNOWN</b>   |  |  |  |  |  | Interval between onset and death<br><b>Unknown</b>  |  |  |   |  |  |  |  |  |   |  |  |
| 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)<br><b>No</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>Unknown</b>  |  |  | 28b. DATE OF INJURY (Mo/Day/Yr)  |  |  | 28c. HOUR OF INJURY   |  |  | 28d. DESCRIBE HOW INJURY OCCURRED   |  |  |  |  |  |   |  |  |
| 28e. INJURY AT WORK (Specify Yes or No)<br><b>Unknown</b>   |  |  | 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc (Specify)<br><b>Unknown</b>           |  |  | 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 of Health 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: *J. J. J. J.*

