

Official Record

Recording requested By
CLYDE MCEL RATH

Lincoln County - NV
Leslie Boucher - Recorder
Fee: \$16.00 Page 1 of 3
RPTT Recorded By: HB
Book- 303 Page- 0216



0149329

After recording please return to:)
Name:) JERRY MCGOWAN)
Address:) P.O. Box 267)
City, State, Zip:) ALAMO NV 89001)
Phone:) 775 725-3848)
Assessor's)
Parcel Number) 004-141-16)

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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)

JERRARD DONOVAN MCGOWAN, being first duly sworn, deposes and states:

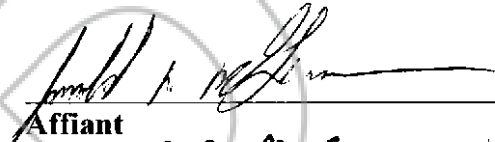
1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am JERRARD D. MCGOWAN, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on 4/24/2015, as Document No. 0147402, in Book 295, Page 034, 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 376 N. MAIN, ALAMO NV 89001, described as follows:

PARCEL 3C OF THE SUBSEQUENT PARCEL MAP FOR MARSHA LEASON, MARDEN C., MARDEN C., JR., ELLEN AND MICKEL D. SPENCER AND CLYDE R. A INEZ FAY MCEL RATH, RECORDED ON JULY 7, 2007, IN BOOK C, PAGES 476-478 OF THE LINCOLN COUNTY RECORDS AS FILE NO. 133743.




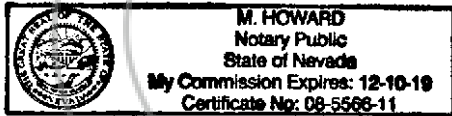
- 4. INEZ FAY MACELRATH ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my MOTHER-IN-LAW.
- 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, CLYDE R. MACELRATH, JERROLD D. MCGOWAN, as sole owner, PAULA J. MCGOWAN AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP

DATED this 24 day of MAY, 2015, 2016,


 Affiant
JERROLD D. MCGOWAN

SUBSCRIBED AND SWORN to before me on
 this 24 day of May ~~2016~~, 2015 by
Jerrold D. McGowan


 Notary Public





NEVADA
OFFICE OF VITAL RECORD

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

CASE FILE NO. 3890652 **CERTIFICATE OF DEATH** 2016007966
 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

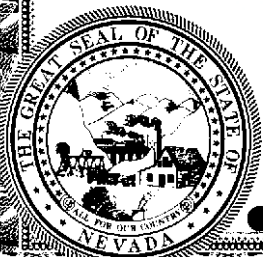
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Inez Fay MAC ELRATH		2. DATE OF DEATH (Mo/Day/Year) April 25, 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 city) Valley Hospital Medical Center		3e. If Hosp or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Medical Intensive Care Unit	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
9a. STATE OF BIRTH (If not US/CA, name country) Massachusetts		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 375 North Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No		11. MARITAL STATUS (Specify) Married	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Herman W JAMER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Beatrice Victoria BYRD		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Clyde Robert MAC ELRATH	
18a. INFORMANT- NAME (Type or Print) Pamela J PERKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5121 Caspian Springs Drive #104 Las Vegas, Nevada 89120		13. SEX Female	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Riverside National Cemetery		19c. LOCATION City or Town State Riverside California	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) ALLEN KOPP SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 772		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
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) SIGNATURE AUTHENTICATED MURAD JUSSA M.D.		21b. DATE SIGNED (Mo/Day/Yr) May 02, 2016		21c. HOUR OF DEATH 09:44	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
				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) Murad Jussa M.D. 4 Sunset Way Henderson, NV 89014				23b. LICENSE NUMBER 8871	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 03, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Adult Respiratory Distress Syndrome DUE TO, OR AS A CONSEQUENCE OF: (c) Septic Shock DUE TO, OR AS A CONSEQUENCE OF: (d) Multifocal Pneumonia				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. Unknown Etiology, Admitted With Bowel Perforation And Underwent Surgery				26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED	
				28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN 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



263020

DATE ISSUED: **MAY 04 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: *[Signature]*

