

Official Record

Recording requested By
MURNA K. NOVOTNY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 303 Page- 0221



0149332

After recording please return to:)
 Name: MURNA K. NOVOTNY)
 Address: 49 LASWELL ST.)
 HENDERSON, NV 89015)
 City, State, Zip:)
 Phone: 702-564-7088)
 Assessor's)
 Parcel Number 002-073-13)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF _____)
) ss
 COUNTY OF _____)

MURNA K. NOVOTNY, being first duly sworn, deposes and states:

- 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.
- I am MURNA K NOVOTNY, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on 9-23-1998, as Document No. 111627, in Book 137, Page 265-266 of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 1387 GENTRY RD, PANACA, described as follows:

LOT 90 IN SUN GOLD MANOR UNIT NO.
1, PLAT OF WHICH WAS RECORDED
SEPTEMBER 30, 1952 AS DOCUMENT #
27842, IN THE OFFICE OF THE
COUNTY RECORDER OF LINCOLN COUNTY, NEVADA
ASSESSOR'S PARCEL NUMBER FOR 1998-1999
02-073-13



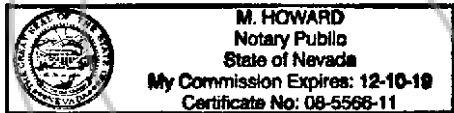
- 4. CLARENCE E. NOVOTNY ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my 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, MURNA K. NOVOTNY, as sole owner.

DATED this 25 day of MAY, 2016,

Murna K. Novotny
Affiant
MURNA K. NOVOTNY

SUBSCRIBED AND SWORN to before me on this 25th day of May, 2016 by Murna K. Novotny.

M. Howard
Notary Public





NEVADA
OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2015006358
 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) Clarence E NOVOTNY		2. DATE OF DEATH (Mo/Day/Year) April 09, 2015		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street an 49 Laswell Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1929		9a. STATE OF BIRTH (If not U.S.A.) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Murna HEALY	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Coach		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 49 Laswell Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Stephen L. NOVOTNY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Anna C PALKOVIC		
18a. INFORMANT - NAME (Type or Print) Murna NOVOTNY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 49 Laswell Street Henderson, Nevada 89015			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Anatomical Donation/Cremation		19b. CEMETERY OR CREMATORY - NAME Sunrise Crematory		19c. LOCATION City or Town State Henderson Nevada 89015	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAVID WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 70		20c. NAME AND ADDRESS OF FACILITY Sunrise Cremation Society 745 W Sunset Rd #5 Henderson NV 89015	
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) BRYN RODRIGUEZ MD 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)		
21b. DATE SIGNED (Mo/Day/Yr) April 15, 2015		21c. HOUR OF DEATH 23:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) BRYN RODRIGUEZ MD 6090 S Fort Apache Las Vegas, NV 89148				23b. LICENSE NUMBER 14006	
24a. REGISTRAR (Signature) MARY WILSON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 16, 2015		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) End Stage Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				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 Alzheimers Dementia				25. AUTOPSY (Specify Yes or No) No	
26. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28. HOUR OF INJURY	
28a. 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	
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	

STATE REGISTRAR

NV-Rev-20120523a

"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 the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **MAY 15 2015**

Registrar of Vital Statistics

By *[Signature]*

This Copy not valid unless prepared on engraved border 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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

