

Official Record

Recording requested By
CHAD LEAVITT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 305 Page- 0241



0150050

After recording please return to:)
Name: CHAD LEAVITT)
Address: PO Box 397)
City, State, Zip: MOAPA, NV 89025)
Phone: 702-378-9260)
Assessor's)
Parcel Number 005-021-02)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada)
COUNTY OF Clark)^{ss}

Patricia Lewis, being first duly sworn, deposes and says:

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 a knowledge of the facts stated herein.
2. I am PATRICIA LEWIS, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on October 17, 1980, as Document No. 70078, in Book 40, Page 155, 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 Haggerty Ranch, described as follows:

LOCATED WITHIN TOWNSHIP 9 NORTH, RANGE 63 EAST, OF THE MOUNT DIABLO BASE AND MERIDIAN, LINCOLN COUNTY, NEVADA

SECTION 3: The Southwest Quarter of the Southeast Quarter (SW1/4 of SE1/4) and the Southeast Quarter of the Southwest Quarter (SE1/4 of SW1/4), and the West Half of the Southwest Quarter (W1/2 of SW1/4).

SECTION 4: The North Half of the Southeast Quarter (N1/2 of SE1/4).

SECTION 10: The North Half of the Northeast Quarter (N1/2 of NE1/4) and the Southeast Quarter of the Northeast Quarter (SE1/4 of NE1/4).

SECTION 11: The Southwest Quarter of the Northwest Quarter (SW1/4 of NW1/4); the East Half of the Southeast Quarter (E1/2 of SE1/4); the Southeast Quarter of the Northeast Quarter (SE1/4 of NE1/4); the Northwest Quarter of the Northwest Quarter (NW1/4 of NW1/4); the Southeast Quarter of the Northwest Quarter (SE1/4 of NW1/4); the Northwest Quarter of the Southeast Quarter (NW1/4 of SE1/4).



- 4. Paul Ronald Lewis ("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 spouse.
- 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, PATRICIA LEWIS, as sole owner.

I declare under penalty of perjury, under the laws of the State of Nevada, that the foregoing is true and correct.

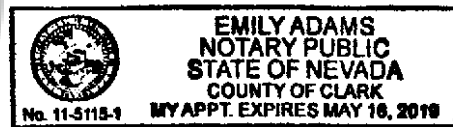
Dated this 22 day of July, 2016

Patricia Lewis
Affiant Patricia Lewis (Signature)

State of Nevada

County of Clark

NOTARY SEAL



Subscribed and sworn to (or affirmed) before me on this 22 day of July, 2016, by Patricia Lewis, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Date: 7-22-2016 Emily Adams
Notary Signature



ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH Division of Vital Records CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

NAME OF DECEDENT
 Lewis, Paul Ron

SEE INSTRUCTIONS ON OTHER SIDE

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

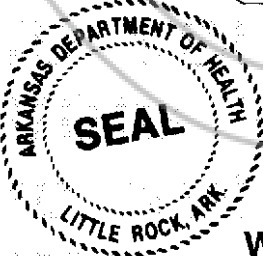
CERTIFIER

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Paul Ronald Lewis			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) February 19, 2001	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 54	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Month, Day, Year) Nov 2, 1946	7. BIRTHPLACE (City and State of Foreign Country) Las Vegas, Nevada
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No			9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) UAMS			9c. CITY, TOWN, OR LOCATION OF DEATH Little Rock		9d. COUNTY OF DEATH Pulaski	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Patricia Hutchings		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Contractor	12b. KIND OF BUSINESS/INDUSTRY Construction	
13a. RESIDENCE - STATE Nevada		13b. COUNTY Clark	13c. CITY, TOWN, OR LOCATION Moapa		13d. STREET AND NUMBER Lewis Ranch, P.O. Box 57	
13e. INSIDE CITY LIMITS? (Yes or No) No	13f. ZIP CODE 89025	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify		15. RACE - American Indian, Black, White, etc (Specify) White	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5-1) 2	
17. FATHER'S NAME (First, Middle, Last) Paul Condie Lewis			18. MOTHER'S NAME (First, Middle, Marital Surname) Lou Jeane Barlow			
19a. INFORMANT'S NAME (Type/Print) Patricia Lewis			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 57, Moapa, Nevada 89025			
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)						
20b. DATE OF DISPOSITION (Month, Day, Year) February 23, 2001		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Logandale Cemetery		20d. LOCATION - City or Town, State Logandale, Nevada		
21a. SIGNATURE OF EMBALMER <i>M.H. Lemmer</i>		21b. LICENSE NUMBER 1749	21c. NAME AND ADDRESS OF FUNERAL HOME Metcalf Mortuary 5090 N. Moapa Valley Blvd Logandale, NV 89021		21d. LICENSE NUMBER Unknown	
23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. SEPSIS DUE TO (OR AS A CONSEQUENCE OF) c. MULTIPLE MYELOMA DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death UNK UNK UNK	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			24. WAS AN AUTOPSY PERFORMED? (Yes or No) NO	25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Pending Investigation			27. DATE OF INJURY (Month, Day, Year)	28. TIME OF INJURY	29. INJURY AT WORK? (Yes or No)	
30. DESCRIBE HOW INJURY OCCURRED:						
31. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)			32. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
33. TIME OF DEATH 11:53 A M		34. DATE PRONOUNCED DEAD (Month, Day, Year) FEBRUARY 19, 2001		35. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) NO		
36. MEDICAL EXAMINER or CORONER Only 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) and manner as stated: Signature and Title →					37. DATE SIGNED (Month, Day, Year)	
38. CERTIFYING PHYSICIAN/ REGISTERED NURSE (Inscribe only) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated: Signature and Title →					39. DATE SIGNED (Month, Day, Year) 2/27/01	
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) EVE M. BOGER, M.D., UAMS 4301 WEST MARKHAM STREET, LR AR, 72205						
41. REGISTRAR'S SIGNATURE <i>Deleene McClendon DIR</i>					42. DATE FILED (Month, Day, Year) March 2, 2001	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

REV. 6.95 VR-2



MAR 02 2001

Sharon M. Leinbach
 Sharon M. Leinbach
 State Registrar

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