Record Official Recording requested By TRACY STRONG

Lincoln County - NV – Recorder Leslie Boucher

Fee: \$40.00

Page 1 Recorded By: HB

Book- 306 Page-



### APN: 004-031-10

Recording Requested By And Mail Tax Statements To:

Leland E. Nelson P.O. Box 163 Alamo, Nevada 89001

# **AFFIDAVIT TERMINATING JOINT TENANCY**

State of NEVADA ) ) ss. County of LINCOLN

I, LELAND E. NELSON, the Affiant, being first duly sworn, deposes and says that I am of legal age and competent to be a witness as to the matters hereinafter stated.

CONSTANCE R. NELSON, my wife and the Decedent mentioned in the attached certified copy of Decedent's Certificate of Death, is the same person as, CONNIE NELSON named as one of the parties of that certain Deed dated July 5, 2001, and executed by LELAND E. NELSON and CONNIE NELSON, Grantors, to LELAND E. NELSON and CONNIE NELSON, Grantees, husband and wife as joint tenants, and recorded as Instrument No. 116817 on Page 415416 in Book 157 of the Official Records of Lincoln County, Nevada, covering the following described property situated in the Town of Alamo, County of Lincoln, State of Nevada:

#### PARCEL I:

ALAMO TOWNSITE IN LOT TWO (2), BLOCK 44, COUNTY OF LINCOLN, STATE OF NEVADA, AND BOUNDED AND DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT 64 FT. NORTH OF THE SOUTHWEST CORNER OF LOT NUMBERED TWO (2) IN BLOCK NUMBER FORTY-FOUR (44) RUNNING EAST ONE HUNDRED FEET THENCE (60) SIXTY FEET, NORTH THENCE WEST ONE HUNDRED FEET (100) THENCE SOUTH SIXTY FEET (60) TO POINT OF BEGINNING

MORE commonly known as: 68 Purple Sage

**LELAND E. NELSON** 

Subscribed and sworn to before me this \{\int\_{\text{--}}}

in and for said

TAUNYA R MORTENSEN Notary Public, State of Nevade Appointment No. 16-2242-11



**DIVISION OF HEALTH** VITAL STATISTICS

YPE OR .				ERTIFIC	CATE O	F DEAT	H			400287 LE NUMBEI				
MIT IN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)							2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEA				JH.		
	Constance Rowene		NELSON					January 04, 2014			Lincoln			
	35. CITY, TOWN, OR LOCATION	3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, giv and number)					re street 3e.ff Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4. SEX Inpattent(Specify)							
EDENT	Caliente		Grover C Dils Medical Center				Inpatient Female							
	5. RACE White (Specify)		6. Hispanic Origin? Specify 7s. AGE-Last No - Non-Hispanic birthday (Years)				MOS				November 12, 1933			
	9a. STATE OF BIRTH (If not U.S	A:, 9b. (	ITIZEN OF WHA	T COUNTRY	10.EOUCATIO		ED, NEVER MA	RRIED, WIDOWED	, 12. SU	RVIVING SE				
non l	name country) Nevada		United States 12				(Specify) Mar	The state of the s	maiden name)		Leland E NELSON			
BOOK NING	13. SOCIAL SECURITY NUMBE			UPATION (Give Kind of Work Done During Most			st 14b. i	14b. KIND OF BUSINESS OR IN						
ON OF	Coolctary													
				136. CHY, 1		AHON	1.1		V	214	LIMITS	Specify Yes		
	Novada		nsoln		Alamo		68 Purple				or No)	Yes		
ENTS	16 FATHERIPARENT - NAME (		iley BURKE	i jar-ti-	F-	17, MOT	HERIPARENT	MAYE (First Mide Isabelle L		_ The		N. Tari		
	18a, INFORMANT: NAME (Type		iley DONNE		ALLING ADDR	CCC (Street	or D E O No.	City or Town, State,		VIVIO 1	<b>.</b>			
		RUDDER		100.4	WIICHNG MUUN	coo (ouee	1000	4 Alamo, Neva		3-5-5	The last	7%		
	19a. BURIAL, CREMATION, REI	MOVAL, OTH	ER (Specify) 19b.	CEMETERY	OR CREMATO	RY - NAME			LOCATION	City or T	own Sta	ite		
LION	Buria	i i		and the second	Alar	no Cemete	ry	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ala	mo Neva	da 8900	<b>N</b> /		
	20s. FUNERAL DIRECTOR - SK	GNATURE (O	r Person Acting a	Such) 20	D FUNERAL	20	C NAME AND	ADDRESS OF FACI	LITY			-		
- 1	TODD BOYER DIRECTOR LICENSE Southern Nevada Mortuary													
	SIGNAT	URE AUTH	ENTICATED		807			730 Front Stre	et Calient	be NV 8	9008			
CALL	TRADE CALL - NAME AND ADD	RESS			- N	_ \_\		// ///		w S				
	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 Up to the cause(s) stated. (Signature & Title)													
			KATSCHKE			8 L	mar nama ann h	Nace and other to his	Causo(s) siz	ariide (california)	ITILA OF 11EO	' 		
FIER		Day(Yr)		OF DEATH			DATE SIGNE	D (Mo/Dey/Yr)	22c.	HOUR OF	DEATH			
	21d. NAME OF ATTEND		AN IS OTHER TH		D.	- B 2	PROMOUNCE	ED DEAD (Mo/Day/	(a) 22a	PRONOUN	CEO DEAC	AT (Hour)		
]	ファンロ (Type or Print)	ING PHI SICE	MINIT OTHER IN	AN CENTIFIC	-Marian	ૄ 8 ‴	. PROHOUNCE	co nevo (woins).			OLD OLA	2 A 7 (11001)		
	238. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) 23b. LICENSE NUMBER													
			Katschke M.								10509			
TRAR	24a: REGISTRAR (Signature)	6	IANCA GA	LEANO			CEIVED BY RE	- A				LE DISEASE		
		SIGIN	ATURE AUTHE	NTICATED		(Mo/Day/Yr)	February 2	26, 2014	YES	§ 📗	NO X	l		
SE OF	25. IMMEDIATE CAUSE	(ENTER O	NLY ONE CAUSE	PER LINE FO	OR (a), (b), AN	D (c).)	# , # w	# 12 # 1.		interval b	etween on	et and death		
\TH	PART I (a) Multiorga	1 1						ar 1,220 15 1,200 10 10 10 10 10 10 10 10 10 10 10 10 1		Days	: :• <u>*                                    </u>	<u>. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>		
-:-	DUE TO, OR A		UENCE OF:					8 / Transition	į.	interval b	etween on:	set and death		
VS IF	(b) Malnutriti	- A - A - A		ej virtense						Month	S	<u>. 11</u> 11. 1		
το	DUE TO, OR		DUENCE OF:	A-1 5 13 6	y :	iliay ,	1 000			interval b	etween on:	set and death		
E ->	(c) Dementia	T + 11 / No. 17					1		ty dy	Years	130			
HE NG	DUE TO, OR A			Wasan Tal	1.5-3	//				interval t	olwaen on	sel and death		
8T	(d) Unknowr	TETIOLOG	Y <sub>10</sub>	2.00		//		1	Nacional Asi					
	PART IL OTHER EIGNIFICANT	CONDITION	S-Conditions cont	ributing to dea	ath but not resu	iting in the unc	criying cause	given in Parl 1.	26. AUTO		27. Y/AS C	SE NE-ERRED		
	<b>7</b>		7	, Ta					(Specify Y	(es or No) No	TO CORON or No)	ER (Specify Ye No		
- /	28s. ACC., SUICIDE, HOM., UNDET.	286 DATE O	F INJURY (Ma/Dey/Y	n 28c	HOUR OF INJUR	W 284 DE6	CEREBE HOW INJU	NA OCCINSSED	1		1	110		
1	OR PENDING INVEST. (Specify)		ar gradi					e e e e	.5	ef		. :		
	28e. INJURY AT WORK (Specif		OF INJURY- AL	nome, farm, st	treet, factory, o	ffice 28g LO	CATION	STREET OR R.F.D	No. CI	TY OR TOV	VN	STATE		
	Yes or No)	building, et	c. (Specify)				•	1 1	and the		a i			
j - 1		1		· · · · · · · · · · · · · · · · · · ·	GTATE	PEGISTRA		<u> </u>	<u>.1-p.,14</u>		·	<del>- :</del>		



## CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

02/27/2014 DATE ISSUED:



This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.