

Official Record

Recording requested By
TRACY STRONG

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$40.00

Page 1 of 2

RPTT:

Recorded By: HB

Book- 306 Page-

0059

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 115-116 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
LELAND E. NELSON

Subscribed and sworn to before me this 8th day of September 2016

Taunya R. Mortensen
Notary Public in and for said County and State
State of Nevada





0150243

NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2014002870 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

Main form containing fields for deceased name (Constance Rowene NELSON), date of death (January 04, 2014), county (Lincoln), hospital (Grover C Dils Medical Center), race (White), age (80), sex (Female), birth date (November 12, 1933), parents (John Stanley BURKE, Isabelle Lena MORRIS), informant (Wendy RUDDER), address (PO Box 534 Alamo, Nevada 89001), funeral director (TODD BOYER), certifier (RICHARD KATSCHKE M.D.), registrar (BIANCA GALEANO), and cause of death (Multiorgan Failure, Malnutrition, Dementia, Unknown Etiology).

STATE REGISTRAR

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.

DATE ISSUED: 02/27/2014

Signature of Registrar: R. D. White

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

