

Official Record

Recording requested By
PATRICIA SCHAD-HAGGARD

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 306 Page- 0401



After recording please return to:)
Name: Patricia Schad-Haggard)
Address: 2221 Camel St)
City, State, Zip: Las Vegas, NV 89115)
Phone: 702-453-3862)
Assessor's)
Parcel Number 006-041-49)

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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)

Patricia Marie Schad-Haggard, 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 Patricia Marie Schad-Haggard, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on 01/15/2008, as Document No. 0130883, in Book 238, Page 0635, 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 006-041-49, described as follows:

The South Half (S 1/2) of the Southwest Quarter (SW 1/4) of U.S. Government lot number Nine (9) in Section 2, Township 4 North, Range 67 East, M.D.B. & M.



- 4. Ronald Ray Haggard ("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, Patricia Marie Schad-Haggard, as sole owner.

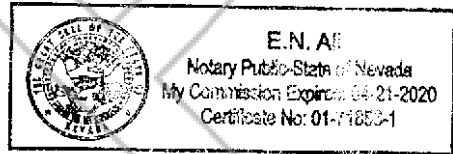
DATED this 16 day of September, 2016,

Patricia Marie Schad-Haggard
Affiant

Patricia Schad-Haggard

SUBSCRIBED AND SWORN to before me on this 16 day of September, 2016 by Patricia Marie Schad-Haggard.

[Signature]
Notary Public





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF VITAL RECORD



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

CERTIFICATE OF DEATH

2015012654
 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) Ronald Ray HAGGARD | | 2. DATE OF DEATH (Mo/Day/Year) July 18, 2015 | | 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) 2221 Camel Street | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Residence | |
| 4. SEX Male | | 5. RACE White (Specify) | | 6. Hispanic Origin? Specify No - Non-Hispanic | |
| 7a. AGE-Last birthday (Years) 69 | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) July 12, 1946 | | 9a. STATE OF BIRTH (If not U.S.A.) California | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 2 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (Maiden name) Patricia SCHAD | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Maintenance | | 14b. KIND OF BUSINESS OR INDUSTRY Shipping | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Clark | | 15c. CITY, TOWN OR LOCATION Las Vegas | |
| 15d. STREET AND NUMBER 2221 Camel Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? Yes | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Ray HAGGARD | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Marie SIMPSON | | |
| 18a. INFORMANT- NAME (Type or Print) Patricia SCHAD-HAGGARD | | 18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2221 Camel Street Las Vegas, Nevada 89115 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Desert Crematory | | 19c. LOCATION City or Town State Las Vegas Nevada 89101 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER 64 | | 20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101 | |
| 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) DAVID MILLS 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) DAVID MILLS SIGNATURE AUTHENTICATED | | |
| 21b. DATE SIGNED (Mo/Day/Yr) July 24, 2015 | | 21c. HOUR OF DEATH 07:05 | | 22b. DATE SIGNED (Mo/Day/Yr) July 18, 2015 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 07:05 | | 22d. PRONOUNCED DEAD AT (Hour) 07:05 | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Asst. Coroner David Mills - 1704 Pinto Lane Las Vegas, NV 89106 | | | | | 23b. LICENSE NUMBER |
| 24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 27, 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) Atherosclerotic Cardiovascular Disease Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death (d) DUE TO, OR AS A CONSEQUENCE OF: 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. | | | | 26. AUTOPSY (Specify Yes or No) No | |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | | | |
| 28a. ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE | | | |
| 28f. 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 | |

STATE 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 the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JUL 27 2015**
 Registrar of Vital Statistics
 By: *Patricia Thomas*
 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

