## DOC # 0150549

11/09/2016

03 55 PM

Official Record
Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$40.00

- Recorder Page 1 of 2

RPTT: Recorded By: HB
Book- 307 Page- 0243

ly Commission Expires: 09-29-19 Certificate No: 04-89121-1

A.P.N.: 004-161-08 File No: 107-2510280 (BN)

When Recorded return to, and mail Tax Statements to:

Margaret A. Bolding

## **AFFIDAVIT - TERMINATING JOINT TENANCY**

Margaret A. Bolding, of legal age, being first duly sworn, deposes and says:

That **George A. Bolding**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **George A. Bolding** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **November 11, 2007** executed by **Ruth R. Mathews** to **George A. Bolding and Margaret A. Bolding** as joint tenants, recorded as Document No. **0130611** on **November 27, 2007** in Book **237** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada**:

LOT 2, OF BLOCK 2, OF ALAMO WEST SUBDIVISION - PHASE II, AS SHOWN ON THE SUBDIVISION MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON OCTOBER 15, 1993, IN BOOK A, PAGE 392, OF PLATS AS FILE NO. 101044.

6 Bolding Margaret A. Bolding Date STATE OF **NEVADA** ) :55 COUNTY OF CLARK This instrument was acknowledged before me on this: 7th day of November 2015 16(1) By: Margaret A. Bolding BREIGH MURICE / Its: Eth. 1919.19 By/ NIC. 64 89121-1 Notary Public BRENDA NEVAREZ (My commission expires: 9 29 19 **NOTARY PUBLIC** STATE OF NEVADA



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

**CASE FILE NO. 3878817** 

**CERTIFICATE OF DEATH** 

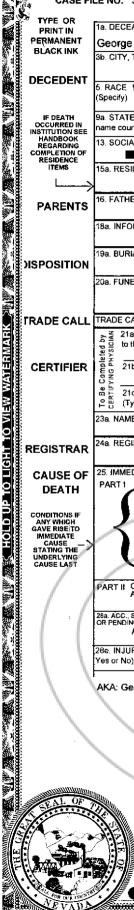
2016002506

TYPE OR	STATE FILE NUMBER				
PRINT IN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2. DATE OF DEATH (Mo/Day∕Year) 3a. COUNTY OF DEATH				
PERMANENT	George A	BOLDING	JR	February 14, 2016	Clark
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street an 3e. If Hosp. or Inst. indicate DOA, QP/Emer. Rm. 4, SEX				
	Las Vegas	Southern Hills Hospital	Medical Center	Inpatient(Specify)	ationt 84.1.
DECEDENT	5. RACE White	6. Hispanic Origin? Specify			Datient Male  1 DAY   8. DATE OF BIRTH (Mo/Day/Yr)
	(Specify)	No - Non-Hispanic	(Years)		MINS \
			75		April 27, 1940
IF DEATH OCCURRED IN		CITIZEN OF WHAT COUNTRY 10.EDUCAT		JS (Specify) 12. SURVIVING SPOUS	E'S NAME (Last name prior to first marriage) Margaret ANTONETTI
OCCURRED IN INSTITUTION SEE HANDBOOK	Alteona	United States 12	Married	The same of the same of the	
REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 14	a. USUAL OCCUPATION (Give Kind of Work) <b>Hvac Tec</b>		14b. KIND OF BUSINESS OR I	
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUN			Governme REET AND NUMBER	15e. INSIDE CITY
			<b> </b>	The state of the s	LIMITS (Specify Yes
>	Nevada	Clark North Las Ve		mes Street	res
PARENTS	16. FATHER/PARENT - NAME (First Middle		17. MOTHER/P	PARENT - NAME (First Middle La	76.
	George A BOLDING SR Miriam Grace FELLON				
	18a. INFORMANT/NAME (Type or Print)  18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)				
	Margaret BOLDII			64200 North Las Vegas, N	
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OT Cremation	HER (Specify) 19b. CEMETERY OR CREMA	TORY - NAME alm Crematory	19c. LOCA	
NOI COITICIT			F -		as Vegas Nevada 89101
	20a. FUNERAL DIRECTOR - SIGNATURE ( JOSEPH M PAI			ME AND ADDRESS OF FACILITY Palm Mortuan	v Hendorson
	SIGNATURE AUT	EDO	76.		lenderson NV 89015
TRADE CALL	TRADE CALL - NAME AND ADDRESS	HENTICATED		ess a Louise may	Terracioest 117 cours
TOADE OALE	22a On the basis of examination and/or investigation, in my opinion, death occurred				
	to the cause(s) stated.(Signature & Ti			date and place and due to the cause(s	) stated. (Signature & Title)
	ia ⊊		를 ALANE	OLSON M.D.	SIGNATURE AUTHENTICATED
CERTIFIER	Eo Ele Brite Glories (more)	21c. HOUR OF DEATH		E SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
	응통 옵트 21d. NAME OF ATTENDING PHYSIC	CIANUS OTHER THAN CONTESTS		ebruary 16, 2016	01:43 22e. PRONOUNCED DEAD AT (Hour)
	으는 21d, NAME OF ATTENDING PHTSK	JAN IF OTHER THAN CERTIFIER		NOUNCED DEAD (Mo/Day/Yr)	01:43
	CType or Print) P February 14, 2016 01:43 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER				
		Olson M.D. 1704 Pinto Lane Las			9482
DECISTOAD	24a. REGISTRAR (Signature)	SUSAN ZANNIS	24b. DATE RECEIVE		ATH DUE TO COMMUNICABLE DISEASE
REGISTRAR	SIGN	ATURE AUTHENTICATED	(Mo/Day/Yr) Feb	oruary 17, 2016	YES NO X
CAUSE OF	25. IMMEDIATE CAUSE (ENTER (	ONLY ONE CAUSE PER LINE FOR (a), (b), A	ND (c).)		Interval between onset and death
DEATH	PART 1 Pulmonary Throi	mboemboli	\ \		<b>:</b>
	DUE TO, OR AS A CONSE			• • • • • • • • • • • • • • • • • • • •	Interval between onset and death
CONDITIONS IF ANY WHICH	Deep Venous Th	rombosis			<u> </u>
: GAVE RISEITO	DUE TO, OR AS A CONSE	EQUENCE OF:	1 1		Interval between onset and death
IMMEDIATE CAUSE>	<sub>(c)</sub> Decreased Mob	ility Following Fall	/ /		
STATING THE UNDERLYING	DUE TO, OR AS A CONSE	QUENCE OF:	<del>/ - / -</del>		Interval between onset and death
CAUSE LAST	(d)		/ /		Z*
/	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26 AUTOPSY (Specif 27 WAS CASE				
/ /	Aortic Dissection				or No) No REFERRED TO CORONER (Specify Yes or No) Yes
/ /	28a. ACC., SUICIDE, HOM., UNDET. 28b. DATE	OF INJURY (Mo/Day/Yr) 28c. HOUR OF INJU	JRY 28d. DESCRIBE	HOW INJURY OCCURRED	Yes Yes
	OR PENDÍNG INVEST. (Specify) ACCIDENT J.	anuary 06, 2016	Fall From H	leight	
.					
\ \		CE OF INJURY- At home, farm, street, factory, etc. (Specify) Home	office 28g. LOCATIO 1622 James		CITY OR TOWN STATE North Las Vegas Nevada
\ \	LOCAL DECICEDAD				

AKA: George A BOLDING

"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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



230796

DATE ISSUED:

FEB 2 4 2016

Registrar of Vital Statistic

This copy not valid unless prepared on watermarked security paper 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

