

Official Record

Recording requested By  
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$40.00 Page 1 of 2

RPTT: Recorded By: HB

Book- 307 Page- 0243

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.**

*Margaret A. Bolding*

Margaret A. Bolding

Date

STATE OF NEVADA )  
 ) :ss.  
COUNTY OF CLARK )

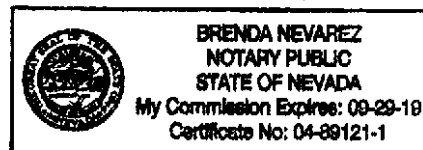
This instrument was acknowledged before me on this:  
7th day of November, 2015 100

By: **Margaret A. Bolding**

By: *Brenda Nevarez* / Its: \_\_\_\_\_  
Notary Public

(My commission expires: 9/29/19 )

*Brenda Nevarez*  
EIT: 090919  
NO. 0489121-1



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

CASE FILE NO. 3878817

CERTIFICATE OF DEATH

2016002506 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

Form with fields for 1a. DECEASED-NAME, 2. DATE OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 6. RACE, 7a. AGE-Last birthday, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARITAL STATUS, 12. SURVIVING SPOUSE'S NAME, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE NUMBER, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR, 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST, 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION, STREET OR R.F.D. No, CITY OR TOWN, STATE

AKA: George A BOLDING

LOCAL 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 state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



230796

DATE ISSUED: FEB 24 2016

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

Registrar of Vital Statistics By: [Signature]

