

Official Record

Recording requested By  
HOWARD HOPKINSON

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3

RPTT: Recorded By: LB

Book- 309 Page- 0331



0150964

After recording please return to: )  
 Name: \_\_\_\_\_ )  
 Address: \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 City, State, Zip: \_\_\_\_\_ )  
 Phone: \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Assessor's \_\_\_\_\_ )  
 Parcel Number 003-142-02 )

-----Above This Line Reserved For Official Use Only-----

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )  
 )ss  
 COUNTY OF LINCOLN )

MERRILLYN BUDREAU, being first duly sworn, deposes and states:

- 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.
- I am Merrilyn Budreau, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on March 1, 1978, as Document No. 615.35, in Book 24, Page 539, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as parcel # 003-142-02, described as follows:

767 A Street  
The East 64 feet of lot FIFTEEN (15) in BLOCK B of  
the west end addition to the City of Cadiente.  
Together with all buildings, fixtures, improvements and  
appurtenances thereunto belonging.



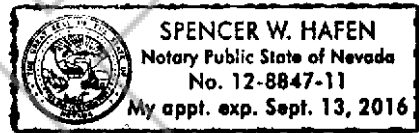
- 4. Donald J. Budreau ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 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, Merrilyn Budreau, as sole owner.

DATED this 7<sup>th</sup> day of APRIL, 2015.

Merrilyn Budreau  
Affiant Merrilyn Budreau

SUBSCRIBED AND SWORN to before me on this 7<sup>th</sup> day of APRIL, 2015 by MERRILYN BUDREAU.

Spencer Hafen  
Notary Public



**STATE OF NEVADA**  
**OFFICE OF VITAL RECORDS**

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

**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES**  
**DIVISION OF HEALTH — SECTION OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2004 0009639

TYPE OR PRINT IN PERMANENT BLACK INK  
PRECEDENT  
IF DEATH OCCURRED IN INSTITUTION USE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS  
MENTS  
POSITION  
CERTIFIER  
CONDITIONS OF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE  
USE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Donald Joseph BUDREAU		2. July 8, 2004	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Caliente		3a. Lincoln	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. 102 James Street		4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		December 11, 1928	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
6.		7a. 76	
STATE OF BIRTH (If not U.S.A., name country)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Indiana		11. Married	
CITY OF BIRTH		SURVIVING SPOUSE (If wife, give maiden name)	
9b. USA		12. Merrilyn Edwards	
DECEDENT'S EDUCATION. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 13		14b. Youth Corrections	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired)	
13.		14a. Supervisor	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Caliente	
COUNTY		STREET AND NUMBER	
15b. Lincoln		15d. 102 James Street	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Wilferd A. Budreau		17. Tresa Wittenaur	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Merrilyn E. Budreau		18b. P.O. Box 485 Caliente, Nevada 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Budreau Family Cemetery	
LOCATION City or Town State		19c. Caliente, Nevada	
FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. <i>[Signature]</i>		20c. 730 Front Street Caliente, Nevada 89008	
FUNERAL DIRECTOR LICENSE NUMBER		20b. 15	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.	
(Signature and Title) <i>[Signature]</i>		(Signature and Title) <i>[Signature]</i>	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 07/10/04		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1201		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. R. William Katschke M.D.; P.O. Box 1010 Caliente, Nevada 89008		23b. 10509	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. 07/10/04	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Respiratory Failure		: Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Severe COPD		: Years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Severe Congestive Heart Failure		: Years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
26. No		27. Yes	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. Yes	
ACC., SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		28c.	
M		28d.	
DESCRIBE HOW INJURY OCCURRED		LOCATION.	
INJURY AT WORK (Specify Yes or No)		STREET OR R.F.D. No.	
29a.		CITY OR TOWN	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		STATE	
28f.		28g.	

STATE REGISTRAR

No. 269880



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: DEC 14 2016

*[Signature]*  
STATE REGISTRAR

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

