

Official Record

Recording requested By  
JOHN E. LEACH, ESG.

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$19.00

Page 1 of 6

RPTT:

Recorded By: AE

Book- 310 Page- 0001



APN No.: 002-162-05  
002-162-06  
002-162-08  
002-212-06

AFFIDAVIT TERMINATING JOINT TENANCY

Affirmation Statement

\_\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: \_\_\_\_\_  
(State specific law)

*John E. Leach*

Signature

Title

John E. Leach  
Print

3/24/17

Date

Grantees address and mail tax statement:

John E. Leach  
8254 Hidden Crossing Lane  
Las Vegas, NV 89129



**APN No.: 002-162-05  
002-162-06  
002-162-08  
002-212-06**

When Recorded, Mail to:

John E. Leach  
8254 Hidden Crossing Lane  
Las Vegas, NV 89129

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
  ) ss:  
COUNTY OF CLARK        )

JOHN E. LEACH docs hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. JOHN E. LEACH is the surviving son of RUBY L. LOGAN (hereinafter referred to as the "Deceased").
2. Deceased died in the City of Las Vegas, County of Clark, State of Nevada on November 15, 2016. A certified copy of the Death Certificate of RUBY L. LOGAN is attached to this Affidavit, marked Exhibit "A".
3. On November 18, 2016, Deceased and JOHN E. LEACH acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, Nevada, by a Quitclaim Deed recorded as Document No. 0150586 of the Official Records of Lincoln County, Nevada. The legal description of the real property is as follows:

APN No.: 002-162-005

All of North half (N½) of Block numbered Fifty-five (55) being all of lots One (1) and Two (2) in Block Fifty-five (55) in the said town of Panaca, as said lot and block are shown on the official plat of said town now on file and of record in the office of the County Recorder of said Lincoln County, Nevada, and to which plat and



the records thereof reference is hereby made for further particular description. Parcel Map ID: 109028.

4. On November 18, 2016, Deceased and JOHN E. LEACH acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, Nevada, by a Quitclaim Deed recorded as Document No. 0150587 of the Official Records of Lincoln County, Nevada. The legal description of the real property is as follows:

APN No.: 002-162-06

All of North half (N½) of Block numbered Fifty-five (55) being all of lots One (1) and Two (2) in Block Fifty-five (55) in the said town of Panaca, as said lot and block are shown on the official plat of said town now on file and of record in the office of the County Recorder of said Lincoln County, Nevada, and to which plat and the records thereof reference is hereby made for further particular description. Parcel Map ID: 109028.

5. On November 18, 2016, Deceased and JOHN E. LEACH acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, Nevada, by a Quitclaim Deed recorded as Document No. 0150588 of the Official Records of Lincoln County, Nevada. The legal description of the real property is as follows:

APN No.: 002-162-08

All of North half (N½) of Block numbered Fifty-five (55) being all of lots One (1) and Two (2) in Block Fifty-five (55) in the said town of Panaca, as said lot and block are shown on the official plat of said town now on file and of record in the office of the County Recorder of said Lincoln County, Nevada, and to which plat and the records thereof reference is hereby made for further particular description. Parcel Map ID: 109028.

6. On November 18, 2016, Deceased and JOHN E. LEACH acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, Nevada, by a Quitclaim Deed recorded as Document No. 0150589 of the Official Records of Lincoln County, Nevada. The legal description of the real property is as follows:




APN No.: 002-212-06

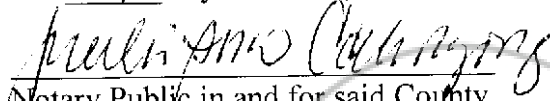
The South half (S1/2) of Lot Numbered Four (4) in Block Numbered Thirty-three (33) in said Town of Panaca, Nevada.

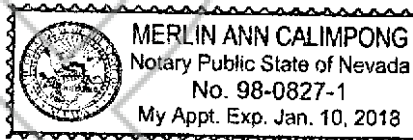
7. At the time of death of Deceased, title to the real property described in paragraphs 3, 4, 5 and 6 above continued to be held by the Deceased and JOHN E. LEACH, as joint tenants with right of survivorship. As a result of the death of the Deceased, the property described in paragraph 3, 4, 5 and 6 above is now owned by JOHN E. LEACH.

DATED this 24 day of March, 2017.

  
\_\_\_\_\_  
JOHN E. LEACH

Subscribed and sworn to before me  
this 24<sup>th</sup> day of March, 2017.

  
\_\_\_\_\_  
Notary Public in and for said County  
and State





COPY

**EXHIBIT "A"**



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



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

CASE FILE NO. 3925328

**CERTIFICATE OF DEATH**

2016020775  
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) <b>Ruby Larene LOGAN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 15, 2016</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/If not either, give street and <b>Mountainview Hospital</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Intensive Care Unit (ICU)</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>85</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 21, 1931</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Banking</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>8254 Hidden Crossing Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Christian Kenneth LEE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruth DANVERS</b>		
18a. INFORMANT - NAME (Type or Print) <b>John LEACH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>8254 Hidden Crossing Lane Las Vegas, Nevada 89129</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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) <b>MARK F HYNDMAN M.D.</b> 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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>November 17, 2016</b>		21c. HOUR OF DEATH <b>07:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Mark F Hyndman M.D. 7391 W Charleston Blvd Las Vegas, NV 89117</b>			
23b. LICENSE NUMBER <b>11611</b>		24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 18, 2016</b>		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) <b>Acute Non-traumatic Right Thalamic Hemorrhage</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b></b>				Interval between onset and death Hours Interval between onset and death Years Interval between onset and death 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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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. 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



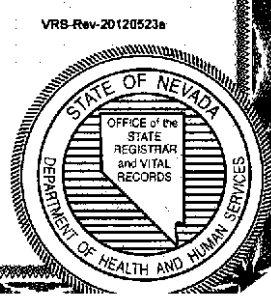
**CERTIFIED COPY OF VITAL RECORDS**

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: **12/2/2016**

*Cody P. ...*  
SIGNATURE AUTHENTICATED

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



VRS-Rev-20120523a