

Official Record

Recording requested By
BOYCE & GIANNI, L.L.P.

Lincoln County - NV
Leslie Boucher - Recorder
Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 312 Page- 0154

APN: 001-089-04

RECORDING REQUESTED BY:

BOYCE & GIANNI, LLP
1701 N. Green Valley Pkwy., #8-A
Henderson, Nevada 89074

WHEN RECORDED MAIL TO:
MAIL TAX STATEMENTS TO:

KAREN J. FERGUSON
PO Box 2286
Pahrump, Nevada 89041



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

KAREN FERGUSON (also known as KAREN J. FERGUSON), being first duly sworn, deposes and says:

That affiant is of legal age and is competent to be a witness as to the matters hereinafter stated:

That she is the person named as one of the Grantees named in that certain Corrective Quitclaim Deed recorded on June 3, 2010 as Instrument No. 0135992 in Book 256, Page 0352-0354 of Official Records, in the Office of the County Recorder of Lincoln County, Nevada, which property described therein is located in Lincoln County, Nevada, and which property is known and described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO AS EXHIBIT "A"
AND INCORPORATED HEREIN BY REFERENCE

That ALDEN FERGUSON (also known as ALDEN THOMAS FERGUSON II and ALDEN T. FERGUSON II) was one of the Grantees named in said deed and was the identical person named as the Decedent in that certain Certificate of Death, a certified copy of which is attached hereto and made a part hereof, which person passed away on March 9, 2017, in Nye County, Nevada.

DATED this 8th day of June, 2017.

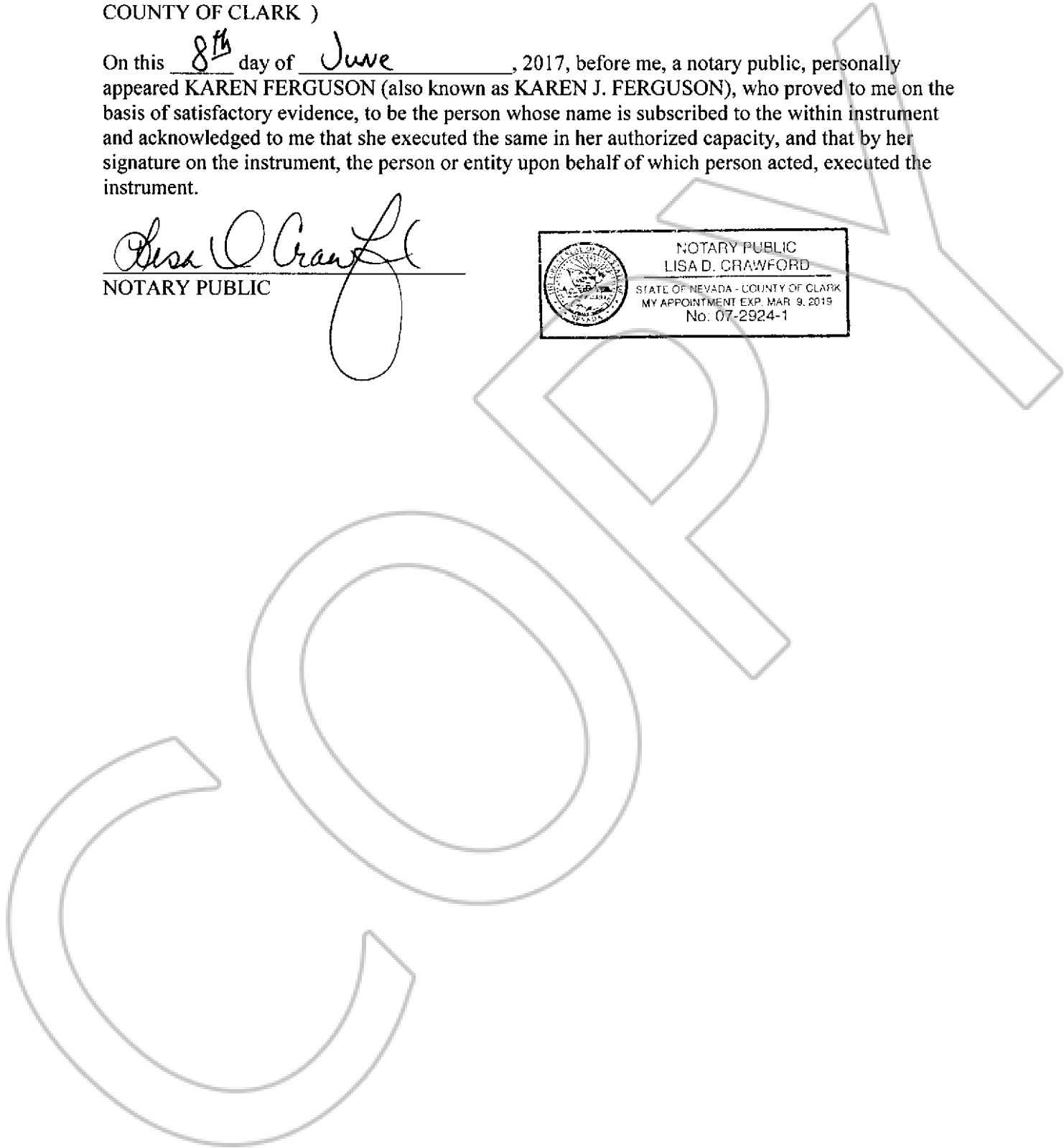
Karen Ferguson
KAREN FERGUSON
(also known as KAREN J. FERGUSON)



STATE OF NEVADA)
) ss
COUNTY OF CLARK)

On this 8th day of June, 2017, before me, a notary public, personally appeared KAREN FERGUSON (also known as KAREN J. FERGUSON), who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person or entity upon behalf of which person acted, executed the instrument.

Lisa D Crawford
NOTARY PUBLIC





0152193

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NEVADA OF VITAL RECORD



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

CASE FILE NO. 3946329

CERTIFICATE OF DEATH

2017004747
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
STAYING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Alden Thomas FERGUSON II		2. DATE OF DEATH (Mo/Day/Year) March 09, 2017		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 1440 White Street		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 21, 1945		9a. STATE OF BIRTH (If not US/CA, name country) Illinois		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Karen WILLIAMS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Power Plant	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Nye		15c. CITY, TOWN OR LOCATION Pahrump	
15d. STREET AND NUMBER 1440 White Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alden Thomas FERGUSON JR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian Louise JENSEN		
18a. INFORMANT- NAME (Type or Print) Karen FERGUSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 2286 Pahrump, Nevada 89041			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Pahrump Crematory		19c. LOCATION City or Town State Pahrump Nevada 89048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) WALTER W HARTLEY SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 628		20c. NAME AND ADDRESS OF FACILITY Pahrump Family Mortuary 5441 S. Vicki Ann Pahrump NV 89048	
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) EDSON ERKULVRAWATR MD 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) March 15, 2017		21c. HOUR OF DEATH 18:55		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) Edson Erkulvrawatr MD .6950 W Sesert Inn Rd Las Vegas, NV 89117			
23b. LICENSE NUMBER 12262		24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 16, 2017		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) Colon Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) Etiology Unknown DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 				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 (Speci 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. 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:

3/22/2017

Cody R. Phinney
SIGNATURE AUTHENTICATED

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

