

Official Record

Recording requested By
MARCY A. REED

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AK
Book- 313 Page- 0478



After recording please return to:)
Name: Marcy A. Reed)
Address: PO Box 561)
City, State, Zip: Caliente NV)
Phone: 775-736-3987 89008)
Assessor's)
Parcel Number 003-091-04)

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

State of Nevada)
County of Lincoln)

Marcy A Reed, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.

2. I am Marcy A Reed, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on MAY 14 - 2010, as Document No. 0135926, in Book 253, Page(s) 153 - 155, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.

3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as and described as follows:

THE EAST HALF (E 1/2) AND ALL OF LOT 27 AS SHOWN ON THE AMENDED PLAT OF LINCOLN PARK ADDITION TO THE TOWN OF CALIENTE, FILED APRIL 28, 1945 IN BOOK A OF PLATS, PAGE 59 AS DOCUMENT NO. 1195 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA

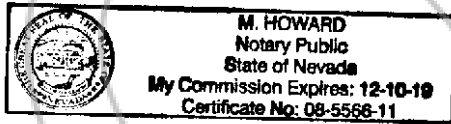


- 4. Kenneth R. Reed, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
- 5. The Decedent was my Husband.
- 6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me MARCY A. Reed, as sole owner.

DATED this 21st day of August, 2017.

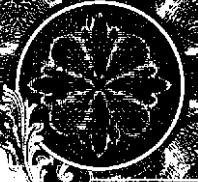
Marcy A. Reed
Affiant
MARCY A. Reed

Subscribed and Sworn to before me on this
21st day of August, 2017 by
Marcy A. Reed
Howard
Notary Public





STATE OF NEVADA
OFFICE OF VITAL RECORDS



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

CASE FILE NO. 3965075

CERTIFICATE OF DEATH

2017012450
 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 WISCH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Kenneth Ray REED SR			2. DATE OF DEATH (Mo/Day/Year) July 02, 2017		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Home		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 76	7b. UNDER 1 YEAR MOS	7c. UNDER 1 DAY HOURS	8. DATE OF BIRTH (Mo/Day/Yr) December 24, 1940
9a. STATE OF BIRTH (If not US/CA, name country) Mississippi		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 13	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Marcella A HAYNIE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Waste Water Manganer		14b. KIND OF BUSINESS OR INDUSTRY Cal-maine Foods		Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Caliente	15d. STREET AND NUMBER Home		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clifford Green REED			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Estelle Jessie BUTTS			
18a. INFORMANT - NAME (Type or Print) Marcella A REED		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 561 Caliente, Nevada 89008				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008			
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) MINEESH AMIN DO 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) July 05, 2017		21c. HOUR OF DEATH 21:32		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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) Minesh Amin DO 688 Childrens Way Henderson, NV 89052					23b. LICENSE NUMBER DO1591	
24a. REGISTRAR (Signature) SHERRIE A CONNELL SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 05, 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) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ 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 (Specify Yes or No) No
28a. ACC., SUICIDE, HGM., 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: 7/11/2017

Cody Thompson
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

