

Official RecordRecording requested By
FIRST AMERICAN TITLE INSURANCE COMP

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

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RPTT:

Recorded By: AK

Book- 313 Page- 0646

A.P.N.: 001-192-08
File No: 116-2523966 (dp)When Recorded return to, and
mail Tax Statements to:Virginia Derkovitz
P.O. Box 638
Pioche, NV 89043**AFFIDAVIT - TERMINATING JOINT TENANCY****Virginia Derkovitz**, of legal age, being first duly sworn, deposes and says:

That **Jeremy J. Derkovitz**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Jeremy J. Derkovitz** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **08/31/2016** executed by **Susan V. Steaffens** to **Virginia Derkovitz and Jeremy J. Derkovitz, wife and husband**, as joint tenants, recorded as Document No. **0150345** on **10/11/2016** in Book - of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

THAT PORTION OF THE SOUTHWEST QUARTER (SW1/4) OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. AND M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 16-D AS SHOWN ON THE PARCEL MAP RECORDED MAY 20, 2002 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK B OF PLATS, PAGE 433 AS FILE NO. 118170, LINCOLN COUNTY, NEVADA RECORDS.


Virginia Derkovitz



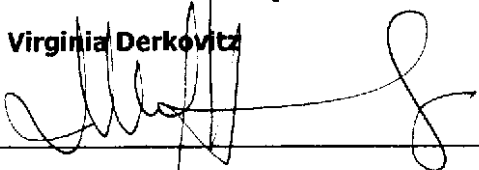
0152567

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Page: 647

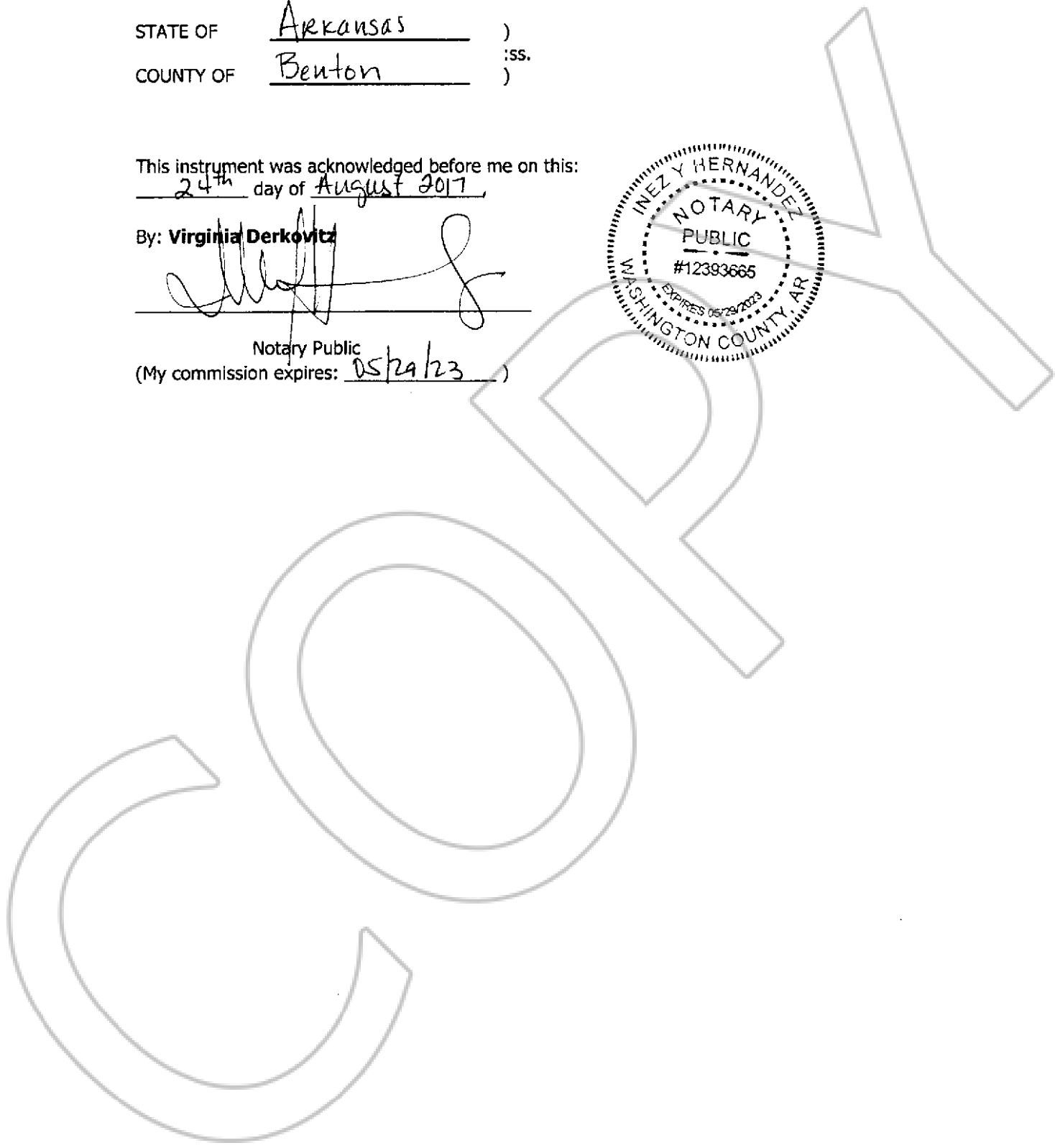
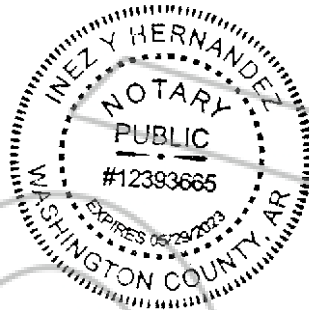
08/28/2017
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STATE OF Arkansas)
COUNTY OF Benton) :ss.

This instrument was acknowledged before me on this:
24th day of August 2017

By: **Virginia Derkovitz**


Notary Public
(My commission expires: 05/29/23)





STATE OF NEVADA
OFFICE OF VITAL RECORDS



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

CASE FILE NO. 3969141

CERTIFICATE OF DEATH

2017010450
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) Jeremy Jasen DERKOVITZ		2. DATE OF DEATH (Mo/Day/Year) May 31, 2017		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION -Name;if not either, give street or 959 Lee Drive		3a. If Hosp. or inst. Indicate DOA,OP/Emar. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 45		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 18, 1972		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Virginia TOSCANO	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of High School Counselor		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 959 Lee Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jon Leslie DERKOVITZ			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Rhonda Jean PRYOR		
18a. INFORMANT - NAME (Type or Print) Virginia DERKOVITZ		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 638 Pioche, Nevada 89043			
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 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary NV	
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) June 05, 2017		21c. HOUR OF DEATH 06:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Mineesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146			
23b. LICENSE NUMBER DO1591		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 06, 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) Malignant Neuroendocrine Tumor With Metastases To Liver And Lung DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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.

6/8/2017

DATE ISSUED:

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

Cody L. Phinney
SIGNATURE AUTHENTICATED
STATE REGISTRAR

