

Official Record

Recording requested By
INDECOMM HOLDINGS, INC.

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 5
RPT: Recorded By: LB
Book- 314 Page- 0625

APN # 00307103



Recording Requested by and Return to:

Indecomm Global Services
as Recording Agent Only
1260 Energy Lane
St. Paul, MN 55108

AFFIDAVIT TERMINATING JOINT TENANCY

Record 1st
80845896

(Title of Document)

I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

Signed Grace Bowers

Printed Name: Grace Bowers

This page added to provide additional information required by NRS 111.312 Sections 1-4.

(Additional recording fee applies).

This cover page must be typed or printed clearly in black ink only.



0152773

63325499-4174345

APN: 003-071-03

R.P.T.T.: 50.00

Recording Requested By:

Sheila S. Davis
145 Lincoln Street
Caliente, Nevada 89008

After Recording Mail To:

Sheila S. Davis
145 Lincoln Street
Caliente, Nevada 89008

Send Subsequent Tax Bills To:

Sheila S. Davis
145 Lincoln Street
Caliente, Nevada 89008

AFFIDAVIT TERMINATING JOINT TENANCY

TITLE OF DOCUMENT

The undersigned, **Sheila S. Davis** of legal age, being first duly sworn, deposes and states the following as required by NRS 111.365:

1. That **Norvin Leslie Davis** having become deceased on **November 10, 2016**, pursuant to the attached certified copy Certificate of Death, is the same person as **Norvin L. Davis** named as one of the parties in that certain **Deed** dated **January 4, 2013** by **Norvin L. Davis to Norvin L. Davis and Sheila S. Davis, as joint tenants in common with rights of survivorship**, recorded on **January 4, 2013**, in Book **276**, at Page **135**, of Official Records of the Lincoln County Recorder's Office, Lincoln County, State of Nevada.
2. The real property subject hereof is situated in the County of **Lincoln**, State of **Nevada**, bounded and described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: **145 Lincoln Street
Caliente, Nevada 89008**

Per NRS 111.312 - The Legal Description appeared previously in **Deed**, recorded on **January 4, 2013**, in Book **276**, Page **135**, in Lincoln County Records, Lincoln County, Nevada.

3. That the undersigned affiant, **Sheila S. Davis**, is the surviving joint tenant of the named decedent.

I, **Sheila S. Davis**, hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is (NRS) 40.525.

Sheila S. Davis

Affiant _____
Title



0152773

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10/24/2017
Page 4 of 5

EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 00307103

Land situated in the City of Caliente in the County of Lincoln in the State of NV

All of Lots Numbered Three (3), Four (4) and Five (5) in Block Numbered Thirty Six (36) as the same are platted and described in the Revised Official Plat of the Town of Caliente, Lincoln County, Nevada, now on file and of record in the Office of the County Recorder of said Lincoln County Nevada, and to which said plat, and the records thereof, reference is hereby made for a more full and complete description thereof;

Commonly known as: 145 Lincoln St, Caliente, NV 89008-2183

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES



+U06458486-

1639 9/12/2017 80845896/1



NEVADA
OF VITAL RECORD

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

CASE FILE NO. 3924729

CERTIFICATE OF DEATH

2016020357
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) Norvin Leslie DAVIS		2. DATE OF DEATH (Mo/Day/Year) November 10, 2016		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 Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. (Inpatient)(Specify) Emergency Room / Outpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 69	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS
9a. STATE OF BIRTH (if not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 14	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last Name prior to first marriage) Sheila Susan BERNSTEIN
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electrician		14b. KIND OF BUSINESS OR INDUSTRY City Of North Las Vegas	15. Ever in US Armed Forces? Yes
15a. RESIDENCE - STATE Nevada	15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Caliente	15d. STREET AND NUMBER 145 Lincoln Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Claude Ollie DAVIS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy CALVERT		
18a. INFORMANT- NAME (Type or Print) Sheila Susan DAVIS		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 15 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) JAMES C GRAFF SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD905	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008		
TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) R WILLIAM KATSCHKE M.D. SIGNATURE AUTHENTICATED			22a. To Be Completed by CORONER'S OFFICE 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) November 11, 2016		21c. HOUR OF DEATH 23:21		22b. DATE SIGNED (Mo/Day/Yr)	
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) R William Katschke M.D. P.O. Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 14, 2016		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				Interval between onset and death	
(a) Acute Respiratory Failure				Weeks	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic obstructive pulmonary disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Tobacco Use				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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.

DATE ISSUED: 11/15/2016

Cody L. King
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

