DOC # 0152926

1/29/2017

32:49 PM

Official Record

Recording requested By WAGONER ENTERPRISES INC

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 2 RPTT: Recorded By: LB Book- 315 Page- 0237

## APN: 001-091-29

RECORDING REQUESTED BY:

## MAIL DOCUMENTS AND TAX STATEMENTS TO:

Name: PENELOPE J. BALLOU Address: 3627 HUERTA DRIVE

City/State/Zip: LAS VEGAS, NEVADA 89121

## AFFIDAVIT OF TERMINATION OF JOINT TENANT DEATH OF A JOINT TENANT

I, PENELOPE BALLOU (being one and the same as PENELOPE J.B. BEASLEY), the Affiant, being of legal age, and being first duly sworn, deposes and says:

That, PAUL WAYNE BEASLEY, the decedent mentioned in the attached certified copy Certificate of Death, is the same person as PAUL W. BEASLEY named as one of the parties in that certain GRANT BARGAIN SALE DEED, Dated the 4<sup>TH</sup> Day of February 2002, being executed to PAUL W. BEASLEY and PENELOPE J.B. BEASLEY, Husband and Wife, ALL as Joint Tenants with rights of survivorship as recorded as Vesting #, Date 117652 02/04/02, Year/Book/Page 02/161/404 of Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Pioche, County of Lincoln, State of Nevada.

Commonly known as: 713 HILLSIDE ROAD, PIOCHE, NEVADA

LEGAL DESCRIPTION:

1.0-PIOCHE TOWN, Lot Block 31, Lots 48 Thru 57, Blk. 31

In Witness Whereof, I have hereunto set my hand on this 21 day of November 2017.

PENELOPE J. BALLOU

also known as: PENELOPE J.B. BEASLEY

STATE OF NEVADA )
COUNTY OF CLARK )SS:

On this \_\_\_\_\_ day of November 2017, personally appeared before me, a Notary Public, PENELOPE J. BALLOU (Also Known As: PENELOPE J.B. BESLEY) personally known to me to be the person vitose name is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal.

My commission expires: 02-2(-21

JACOB VAN WAGONER
Notary Public, State of Montria
Appointment No. 05-98410-1
My Appt. Expires February 21, 3021





**CASE FILE NO. 3956707** 

**CERTIFICATE OF DEATH** 

2017009397

PRINTIN	1a DECEASED-NAME (FIRST	T,MIDDLE,LAST	(SUFFIX)					2 DATE O	F DEATH (	Mo/Day/Yea	ar)	3a. COUN	TY OF DEAT	Ή
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BLACK INK	36. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER				INSTITUTION -Name(If not either, give street ar 3e.I					If Hosp, or Inst. indicate DOA, OP/Emer. Rm. 4, SEX				
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	16. FATHER/PARENT - NAME				ao rou					t Middle L	ast Sur	ffix)	-	
PARENTS			BEASLÉY							noir <sup>°</sup> JAC		794	. 3	N
	18a. INFORMANT- NAME (Typ		1	118b. N	AILING ADI	ORESS (S	treet or R.	F.D. No. Ci	700	State, Zip)			<b>*</b>	75
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EGISTRAR CAUSE OF DEATH DIDITIONS IF ANY WHICH AVE RISE TO IMMEDIATE CAUSE TATING THE TOBERLYING	21b. DATE SIGNED (M May 17, 2017  21d. NAME OF ATTEN (Type or Print)  23a. NAME AND ADDRESS O Is  24a. REGISTRAR (Signature)  25. IMMEDIATE CAUSE PART I (a) Cardiop DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (d)  PART II OTHER SIGNIFICAN  28a. ACC., SUICIDE, HOM., UNDET OR PENDING INVEST. (Specify)  28b. INJURY AT WORK (Specify)	IAN A (In/Day/Yr)  DING PHYSICUME CERTIFIER (IN A Craven  SIGNA  (ENTER OF ULTONORY)  AS A CONSECUME AS A CONSECUMENT AS A CONSE	PHYSICIAN, ATI MD 2380 V NANCY BA  N	TURE AUTHOR  R OF DEATH  10:23  HAN CERTIFIE  TENDING PHY  V HORIZON F  ARRY  INTIGATED  E PER LINE FO  tributing to dea	SICIAN, MERIDGE Pky	DICAL EXAM  YY Henders  24b. DATE (Mo/Day/Yr  ND (c).)	underlying	tate and place is signed in NOUNCEB CORONE! CORONE! A 89052 D BY REG A 19, 2	Mo/Day/Yr DEAD (Mi R) (Type or ISTRAR 017	o the cause(: )  D/Day/Yr)  Print)  24c. DE	22c. I 22c. I 22e. I 27 EATH DU YES	HOUR OF PRONOUI 3b. LICEN JE TO CO Interval I Interval I Interval	e & Title)  DEATH  NCED DEAD  SE NUMBER 13967  MMUNICABL  NO Detween onso Detween o	AT (He DISI
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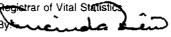
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