

Official Record

Recording requested By
WAGONER ENTERPRISES INC.

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$35.00

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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 4TH 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.

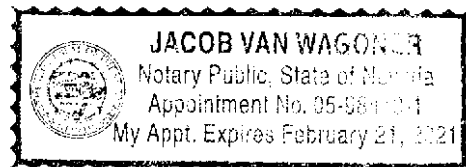
Penelope J. Ballou

PENELOPE J. BALLOU
also known as: PENELOPE J.B. BEASLEY

STATE OF NEVADA)
COUNTY OF CLARK)SS:

On this 21 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 whose name is subscribed to the above instrument who acknowledged that She executed this instrument. Witness my hand and official seal.

NOTARY PUBLIC
My commission expires: 02-21-21





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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. 3956707

CERTIFICATE OF DEATH

2017009397
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) Paul Wayne BEASLEY		2. DATE OF DEATH (Mo/Day/Year) May 12, 2017		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient	
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		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1945		9a. STATE OF BIRTH (If not US/CA, name country) Virginia		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) Penelope J BALLOU	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electrician		14b. KIND OF BUSINESS OR INDUSTRY Union	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 4349 Salamanca Cir		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William BEASLEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lenoir JACKSON		
18a. INFORMANT - NAME (Type or Print) Penelope J BALLOU-BEASLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4349 Salamanca Cir Las Vegas, Nevada 89121			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
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) IAN A CRAVEN 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) May 17, 2017		21c. HOUR OF DEATH 10:23		22b. DATED (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) Ian A Craven MD 2380 W Horizon Ridge Pkwy Henderson, NV 89052				23b. LICENSE NUMBER 13967	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 19, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Cardiopulmonary Arrest					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Unknown Etiology					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)					
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 1.				26. AUTOPSY (Specify 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	

LOCAL REGISTRAR

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a



414104

MAY 25 2017

Registrar of Vital Statistics

By *Nancy Barry*

DATE ISSUED:

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

HOLD UP TO LIGHT TO VIEW WATERMARK

HOLD UP TO LIGHT TO VIEW WATERMARK

