



0153475

APN 004-131-01

APN _____

APN _____

AFFIDAVIT TERMINATING JOINT TENANCY

Title of Document

Affirmation Statement

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____
(State specific law)

Tracy West Paralegal
Signature Title

Tracy West
Print

11/9/17
Date

Grantees address and mail tax statement:

SHANA LOVEDAY
PO BOX 296
ALAMO, NV 89001



APN: 004-131-01

Mail Tax Statements to:

Shana Loveday
PO Box 296
Alamo, NV 89001

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF LINCOLN)

SHANA LOVEDAY, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That MARLENE CHARLOTTE DILLINGHAM, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARLENE C. DILLINGHAM, named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 8th, 2006, executed by JOHN ARTHUR SAVAGE and JUDITH ANN SAVAGE to LAWRENCE PAUL DILLINGHAM and MARLENE C. DILLINGHAM, as joint tenants with rights of survivorship, recorded on September 13, 2006, as Instrument No. 127330, of Official Records of Lincoln County, State of Nevada.

The real property is located at 407 Danielle Lane, Alamo, Lincoln County, Nevada, and further described as follows:



LOT 1 OF ALAMO SOUTH SUBDIVISION TRACT NO. 1, AS SHOWN ON THAT CERTAIN FINAL PLAT FILED FOR RECORD IN THE OFFICE OF THE LINCOLN COUNTY RECORDER THE 13TH DAY OF JANUARY 1977, IN BOOK A-1 OF PLATS, PAGE 124, ASSIGNED NO. 59020.

APN:004-131-01

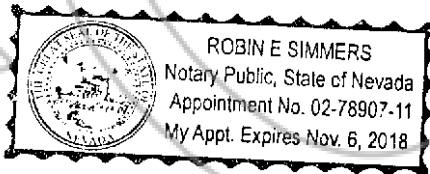
DATED this 3 day of Nov, 2017

Shana Loveday
SHANA LOVEDAY

STATE OF NEVADA)
)
): ss
COUNTY OF Lincoln)
)
):

On this 3 day of Nov, 2017, personally appeared before me the undersigned, a Notary Public in and for the said Lincoln County, State of Nevada, SHANA LOVEDAY, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

Robin E. Summers
Notary Public





0153475

Book: 316 Page: 412

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STATE OF NEVADA OFFICE OF VITAL RECORD



03475

CERTIFICATE OF DEATH

2008005138
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) Marlene Charlotte DILLINGHAM		2. DATE OF DEATH (Mo/Day/Year) March 22, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Unknown		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) State Route 93 Mile Marker 69		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) State Rt 93 Mile Marker 69	
4. SEX Female		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 30, 1938	
9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER Lawrence DILLINGHAM		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Secretary		14b. KIND OF BUSINESS OR INDUSTRY Painting Contractor		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER P. O. Box 536		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER - NAME (First Middle Last Suffix) Howard Bennet HORTON			17. MOTHER - NAME (First Middle Last Suffix) Sarah Elaine ALLEN		
18a. INFORMANT- NAME (Type or Print) Lawrence DILLINGHAM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 536 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Memory Garden Cemetery		19c. LOCATION City or Town State Las Vegas Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES LONG SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 601		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
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) LARY SIMMS DO, MPH 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) LARY SIMMS DO, MPH SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) April 02, 2008		21c. HOUR OF DEATH 13:30		22b. DATE SIGNED (Mo/Day/Yr) April 02, 2008	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo/Day/Yr) March 22, 2008		22d. PRONOUNCED DEAD AT (Hour) 13:30	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 1704 Pinto Lane Las Vegas, NV 89105				23b. LICENSE NUMBER 880	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 03, 2008		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) Multiple injuries				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Motor vehicle accident				Interval between onset and death	
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)				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) March 22, 2008		28c. HOUR OF INJURY 1019	
28d. INJURY AT WORK (Specify Yes or No) No		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Highway		28f. DESCRIBE HOW INJURY OCCURRED Driver	
28g. LOCATION State Route 93, MM-69, Rural Clerk County		STREET OR R.F.D. No.		CITY OR TOWN	
STATE		STATE		STATE	
Nevada		Nevada		Nevada	

STATE REGISTRAR

542957

HOLD UP TO LIGHT TO VIEW WATERMARK

HOLD UP TO LIGHT TO VIEW WATERMARK



494158

DEC 19 2017

Registrar of Vital Statistics

By: *Aimee Sale*

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