

Official Record

Recording requested By
TERESA CORRINGTON

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 316 Page- 0499



0153498

APN: 011-043-07

Recording Requested by and Return to:

Name Mark C. Hafer, Esq.

Address 4495 S. Pecos Road

City/State/Zip Las Vegas, NV 89121

Affidavit-Termination of Joint Tenancy
(Title on Document)

MAIL TAX STATEMENT TO:

Name: TERESA CORRINGTON

Address: P.O. Box 614

City/State/Zip Pioche, NV 89043

This page added to provide additional information required by
NRS 111.312 Sections 1-2 (Additional recording fee applies).

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



Affidavit-Termination of Joint Tenancy

STATE OF NEVADA)
)ss:
COUNTY OF LINCOLN)

I, TERESA CORRINGTON, of legal age, being first duly sworn, now depose and say:

That DAN CORRINGTON aka DAN CARL CORRINGTON, the decedent mentioned in the attached State of Nevada Certificate of Death, is the same person as DAN CORRINGTON named as one of the joint tenants in that certain Grant, Bargain, Sale Deed dated June 26, 2008, executed by Robert A. Hansen and Deborah Hansen, Grantors to DAN CORRINGTON and TERESA CORRINGTON, husband and wife, as Joint Tenants, Grantees, which is recorded at Book No. 244, Page 0136 as Document #0132547 of the Official Records of Lincoln County, State of Nevada, covering the following described property:

LOTS 11 AND 12, BLOCK 52 IN THE TOWN OF PIOCHE, LINCOLN COUNTY, ACCORDING TO THE OFFICIAL MAP THEREOF, AND AS SHOWN ON THAT CERTAIN RECORD OF SURVEY FILED JUNE 30, 1998 AS FILE NO. 111236 FILED IN THE OFFICE OF THE COUNTRY RECORDER OF LINCOLN COUNTY.

APN: 001-043-07

Teresa Corrington
TERESA CORRINGTON

State of NV, County of Lincoln

SUBSCRIBED AND SWORN TO before me ***Teresa Corrington*** on this 12th day of January, 2018.

Shannon M. Simpson
NOTARY PUBLIC





STATE OF NEVADA
OFFICE OF VITAL RECORDS



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

CASE FILE NO. 3984753

CERTIFICATE OF DEATH

2017019955
 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) Dan Carl CORRINGTON		2. DATE OF DEATH (Mo/Day/Year) October 24, 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 address) Resident Home		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 30, 1946		9a. STATE OF BIRTH (If not US/CA, name country) Illinois		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) Teresa M MURNANE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Marshall		14b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER Resident Home		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbur CORRINGTON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Thelma STEWARD		
18a. INFORMANT - NAME (Type or Print) Christina Louise HUNT		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 1581 Haddon Drive Hoover, Alabama 35236			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Davis Memorial Park		19c. LOCATION City or Town State Las Vegas Nevada 89119	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) ALLEN KOPP SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD772		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
TRADE CALL - NAME AND ADDRESS Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MINESH 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) October 27, 2017		21c. HOUR OF DEATH 09:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Minesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146				23b. LICENSE NUMBER DO1591	
24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 30, 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) Liver Cirrhosis Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Alcoholism Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Interval between onset and death					
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: **11/30/2017**

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

[Signature]
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

