

Official Record

Recording requested By
TERESA CORRINGTON

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$35.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 316 Page- 0502



APN: 011-043-06

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, aka TERRY M. CORRINGTON of legal age, being first duly sworn, now depose and say:

That DAN C. CORRINGTON aka DAN CARL CORRINGTON, the decedent mentioned in the attached State of Nevada Certificate of Death, is the same person as DAN C. CORRINGTON named as one of the joint tenants in that certain Grant, Bargain, Sale Deed dated July 8, 2004, executed by Agnes D. Cottino and Charles Guy Cottino, Grantors to DAN C. CORRINGTON and TERRY M. CORRINGTON, husband and wife, as Joint Tenants, Grantees, which is recorded at Book No. 189, Pages 402-404 as Document #122819 of the Official Records of Lincoln County, State of Nevada, covering the following described property:

All of Lots numbered Six (6), Seven (7), Eight (8), in Block numbered Fifty-Two (52) in the town of Pioche, as delineated and described on the Official Plat of the Northeast Addition to said town of Pioche, now on file and of record in the office of the County Recorder of said Lincoln County, and to which plat and the records thereof reference is hereby made for further particular description.

Excepting therefrom a boundary adjustment which moves the Southwest corner of Lot 9, of Block 52 in the Town of Pioche, Lincoln County, Nevada S 53°00'43" W 3.12 feet along the lot line and is further described as follows:



Beginning at the Southeast corner of said boundary adjustment a point monumented by a #5 rebar with plastic cap stamped L Smith Pls 12751 from which the Southeast corner of Section 22, T 1 S., R 67 E., M.D.M. bears N. 72° 00' 39" E. 704.61', Thence along the Southerly line of Lots 8 and 9 S. 53° 00' 43" W 3.12 feet, Thence N 34° 42' 37" W 78.44 feet which is on the right of way line of Road to U.S. Highway 93, Thence S. 36° 59' 17" E 78.37 feet to point of beginning.

Said boundary line adjustment shown & delineated on record of survey recorded July 6, 2004 as File No. 122594 filed in the office of the County Recorder, Lincoln County, Nevada.

APN: 001-043-06

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 and Inpatient)(Specify) Resident 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		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)		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			
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)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Minesh Amin DO 8655 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				Interval between onset and death	
(a) Liver Cirrhosis DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Alcoholism 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) DUE TO, OR AS A CONSEQUENCE OF:				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

