

Recordation Requested By:
WFG Lender Services
And After Recording Return To:
Angela M. Wright
171 Paradise Road
Alamo, NV 89001
File Number: 10090323NV

LINCOLN COUNTY, NV **2018-154128**
\$35.00
Rec:\$35.00 **04/23/2018 08:55 AM**
WFG LENDER SERVICES-RESWARE Pgs=3 AE
OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

Mail Tax Statements To:
Angela M. Wright
171 Paradise Road
Alamo, NV 89001

AFFIDAVIT TERMINATING JOINT TENANCY

APN #: 004-162-01

State of Nevada)
County of Lincoln) ss.

I, Angela M. Wright, the Affiant, being of legal age, and being first duly sworn deposes and says:

That Norman Glenn Wright, the decedent mentioned in the attached certified copy Certificate of Death is the same person as Norman Glenn Wright named as one of the parties in that certain Grant Deed dated July 27, 1995 and executed by NORMAN G. WRIGHT AND ANGELA M. WRIGHT, HUSBAND AND WIFE, known as "Grantor(s)" to NORMAN GLENN WRIGHT AND ANGELA M. WRIGHT, HUSBAND AND WIFE AS JOINT TENANTS, known as "Grantee(s)" as Joint Tenants and recorded as Instrument 103765, on July 28, 1995, of the Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Alamo, County of Lincoln, State of Nevada.

LOT ONE (1) OF PHASE 1 OF THE ALAMO WEST SUBDIVISION, BEING A SUBDIVISION OF A PORTION OF THE N 1/2 NW 1/4 NW 1/4 OF SECTION 8, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA, AND AS SHOWN ON THE MAP OF SAID SUBDIVISION RECORDED IN BOOK OF PLATS AT PAGE 270.

SITUATE IN THE COUNTY OF LINCOLN, STATE OF NEVADA

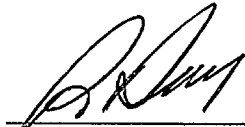
That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ _____.

In witness Whereof, I/We have hereunto set my hand/our hands this 7th day of April, 20 18.

Angela M. Wright
Angela M. Wright

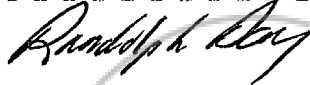
STATE OF NEVADA }
COUNTY OF Lincoln }

This instrument was acknowledged before me on this 7th day of April, 2018
by Angela M. Wright.



Notary Public

My Commission Expires: 8/10/2021



This document was prepared by:
Sandra Wilkins
2625 Townsgate Rd, Suite 101
Westlake Village, California 91361

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3877174

2016001827
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) Norman Glenn WRIGHT		2. DATE OF DEATH (Mo/Day/Year) February 04, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street an 171 Paradise Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 03, 1950		9a. STATE OF BIRTH (if not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Angela Mary GORDON	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Truck Driver		14b. KIND OF BUSINESS OR INDUSTRY Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 171 Paradise Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Warren Arthur WRIGHT			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene Sineth NIELSON		
18a. INFORMANT - NAME (Type or Print) Angela Mary WRIGHT.			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 654 Alamo, Nevada 89001		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
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) SIGNATURE AUTHENTICATED MINESH AMIN			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) February 04, 2016		21c. HOUR OF DEATH 03:00		22b. DATE SIGNED (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) Minesh Amin 688 Childrens Way Henderson, NV 89052				23b. LICENSE NUMBER DO1591	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 2016		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) US Navy Service Connected Adenocarcinoma Interval between onset and death					
(b) 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 1.				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

VRS-Rev-20120523a

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.

Rod Whitt
SIGNATURE AUTHENTICATED

DATE ISSUED: 2/11/2016

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

