

A.P.N. No.:	001-091-29
Escrow No.:	79249
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
PENELOPE J. BALLOU	
3627 Huerta Drive	
Las Vegas, NV 89121	



OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

(for recorders use only)

AFFIDAVIT OF TERMINATION OF JOINT TENANT

(Title of Document)

This document is being re-recorded to show that Paul Wayne Beasley aka Paul W. Beasley is named as one of the parties in that certain Grant, Bargain, Sale Deed, dated September 6, 2007, being executed by Christian Enterprises, inc., a Nevada Corporation, to Paul W. Beasley and Penelope J. Ballou-Beasley, husband and wife as joint tenants, recorded November 20, 2007, in book 237, page 315, as File No. 130372, Lincoln County, Nevada records.

Legal Description: Lots 48 and 49 in Block 31 of the town of Pioche, Nevada, as shown on Supplement "C" to the Pioche Mines Consolidated, Inc. Addition Supplement B to the Official Map of said Town of Pioche, recorded December 19, 1958 i Book A-1 of Plats, page 67, Lincoln County, Nevada records.

X I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525
(State specific law)


Signature

Escrow Agent
Title

Don-Rita Rice
Print Signature



0152926

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

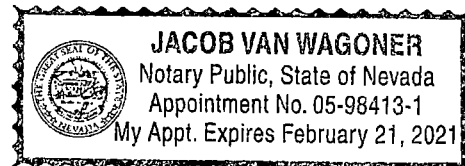
In Witness Whereof, I have hereunto set my hand on this 21 day of November 2017.

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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Page: 2 of 2

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	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 an Sunrise Hospital Medical Center		3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Emergency Room / Outpatient		4. SEX Male	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 71		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1945					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.	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							
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Electrician		14b. KIND OF BUSINESS OR INDUSTRY Union		Ever in US Armed Forces? Yes	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas		15d. STREET AND NUMBER 4349 Salamanca Cir	
DISPOSITION	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					
TRADE CALL	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			
CERTIFIER	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 IAN A CRAVEN MD				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. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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	
CAUSE OF DEATH	24a. REGISTRAR (Signature) SIGNATURE AUTHENTICATED NANCY BARRY		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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (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	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	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

