



OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

After recording please return to: )  
Name: PaHRanagat Valley FCU )  
Address: P.O. Box 419 )  
City, State, Zip: Alamo NV 89001 )  
Phone: 775-725-3586 )  
Assessor's )  
Parcel Number 004-141-34 )

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**AFFIDAVIT TERMINATING JOINT TENANCY**  
Pursuant to NRS 40.525(5) and NRS 111.365

State of Nevada )  
County of Lincoln )

Stephanie A Sampo, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Stephanie A Sampo, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 6-26-2009, as Document No. 0133901, in Book 249, Page(s) 0072, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 533 Park Blvd Alamo NV 89001, and described as follows:

The North Half (N 1/2) of the Northwest Quarter (NW 1/4) of the southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of Section 5, Township 7 South, Range 61 East M.D.B. & M.

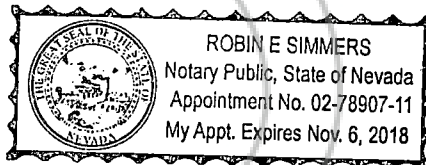
4. Bill J. Sampo, (the Decedent) was one of the Grantees named in said Deed and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my husband.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me Stephanie A Sampo, as sole owner.

DATED this 24 day of July, 2018.

Stephanie A Sampo  
Affiant

Subscribed and Sworn to before me on this  
24 day of July, 2018 by  
Stephanie A Sampo.

Robin E Simmers  
Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

**CERTIFICATE OF DEATH**

2015006117

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) <b>Billy Joe SAMPO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 10, 2015</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and No.) <b>533 Park Blvd</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No. - Non-Hispanic		7a. AGE - Last birthday (Years) <b>63</b>	
7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 18, 1952</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) <b>Stephanie CIPRIANO</b>		13. SOCIAL SECURITY NUMBER [REDACTED]	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
15d. STREET AND NUMBER <b>533 Park Blvd</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Forrest Ira SAMPO</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Goldie Lorene RAMSEY</b>		18a. INFORMANT - NAME (Type or Print) <b>Stephanie SAMPO</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 569 Alamo, Nevada 89001</b>	
19a. BURIAL: CREMATION; REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>TYLER J FREE</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>April 13, 2015</b>		21c. HOUR OF DEATH <b>08:57</b>		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) <b>TYLER J FREE</b> SIGNATURE AUTHENTICATED	
22b. DATE SIGNED (Mo/Day/Yr) <b>April 13, 2015</b>		22c. HOUR OF DEATH <b>08:57</b>		22d. PRONOUNCED DEAD AT (Hour) <b>April 10, 2015</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>08:57</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Tyler J. Free, 1050 SR 322 Pioche, NV 89043</b>		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 14, 2015</b>		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) <b>Cardiopulmonary Arrest</b>		Interval between onset and death <b>Minutes</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>	
(b) <b>Basilar Artery Aneurysm</b>		Interval between onset and death <b>Years</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
(c) <b>Hypertensive Cardiovascular Disease</b>		Interval between onset and death <b>Years</b>			
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>		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.					
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

575540

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

This copy is not valid unless on engraved border displaying date, seal and signature

STATE REGISTRAR  
*R. J. White*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

