

LINCOLN COUNTY, NV  
\$35.00  
Rec:\$35.00  
FIRST AMERICAN TITLE PASEO VERDE Pgs=2 AE  
OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

**2018-155048**

**08/07/2018 09:26 AM**

A.P.N.: 001-193-13  
File No: 116-2546242 (dp)

When Recorded return to, and mail Tax Statements to:  
Barbara Nelson  
3309 Grange Forge Road  
Red Level, AL 36474

## AFFIDAVIT - TERMINATING JOINT TENANCY

**Barbara Nelson**, of legal age, being first duly sworn, deposes and says:

That **Gary L. Nelson**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Gary L. Nelson** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **02/28/2000** executed by **Larry M. Williamson and Lorna D. Williamson** to **Gary L. Nelson and Barbara Nelson, husband and wife** as joint tenants, recorded as Document No. **114259** on **03/21/2000** in Book **147** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

**PARCEL NO. 10 AS SHOWN ON PARCEL MAP FOR JOHN AND PATSY FRANKS, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON JULY 7, 1986, IN BOOK A OF PLATS, PAGE 262, AS FILE NO. 85238, LOCATED IN A PORTION OF THE SOUTHEAST QUARTER (SE 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B.&M.**

Barbara Nelson      8-3-18  
Barbara Nelson      Date

STATE OF **Alabama** )  
  ) :ss.  
COUNTY OF Covington )

This instrument was acknowledged before me on this:  
3 day of Aug, 2018

By: **Barbara Nelson**

Beverly Sexton

Notary Public

(My commission expires: 1/8/19 )

**BEVERLY SEXTON**  
**NOTARY PUBLIC**  
State of Alabama - County of Crenshaw  
My Commission Expires Jan. 8, 2019

# ALABAMA

## Center for Health Statistics

### ALABAMA CERTIFICATE OF DEATH

13-20716

MO  
TYPE IN PERMANENT  
BLACK INK. DO NOT  
USE GREEN, RED, OR  
BLUE INK.  
3. 020888  
6. 000  
19. 05  
20. 020888  
26. \_\_\_\_\_  
27. \_\_\_\_\_  
34. 20402

1. DECEASED—NAME First Middle Last (Type last name all capitals) <b>Gary Lee NELSON</b>				2. DATE OF DEATH (Month, Day, Year) <b>Found</b> <b>June 4, 2013</b>		3. COUNTY OF DEATH <b>Covington</b>	
4. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Florala, 36442</b>				5. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		6. PLACE OF DEATH—HOSPITAL OR OTHER INSTITUTION—(If not in either, give street and number) <b>11249 Rockhole Bridge Road</b>	
7. IF HOSPITAL (Specify Inpatient, ER or Outpatient, DDA)				8. OF HISPANIC ORIGIN (Specify Yes or No; If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		9. RACE—(Specify American Indian, Black, White, etc.) <b>White</b>	
						10. SEX <b>Male</b>	
11. AGE <b>70</b> YRS.		12. UNDER 1 YEAR MOS. DAYS		13. DATE OF BIRTH (Month, Day, Year) <b>March 2, 1943</b>		14. DECEASED'S SOCIAL SECURITY NUMBER [REDACTED]	
15. EDUCATION (Specify ONLY highest grade completed below) Elementary or High School (0-12) <b>12th</b>				16. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>Married</b>		17. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Miller</b>	
18. Was Decedent ever in Armed Forces (Specify Yes or No) <b>Yes</b>				19. STATE OF BIRTH (If not in USA, name country) <b>California</b>		20. RESIDENCE—STATE <b>Alabama</b>	
21. COUNTY <b>Covington</b>				22. CITY, TOWN, OR LOCATION AND ZIP CODE <b>Florala, 36442</b>			
23. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		24. STREET AND NUMBER <b>11249 Rockhole Bridge Rd.</b>		25. INFORMANT—Name and Address <b>Barbara Nelson 11249 Rockhole Bridge Rd., Floral, AL 36442</b>			
26. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Switchman</b>				27. KIND OF BUSINESS OR INDUSTRY <b>Telephone Company</b>			
28. FATHER—NAME First Middle Last <b>Clarence Nelson</b>				29. MAIDEN NAME OF MOTHER—First Middle Last <b>Leona Chinn</b>			
30. DISPOSITION OF BODY (Specify Burial, Cremation, Medical Donation, Hospital Disposal, Other) <b>Cremation</b>				31. DATE OF DISPOSITION (Month, Day, Year) <b>6-6-2013</b>		32. CEMETERY OR CREMATORY—Name <b>Searcy Crematory</b>	
33. LOCATION—(City or Town—State) <b>Enterprise, AL</b>				34. FUNERAL HOME—Name and Address <b>Foreman Funeral Home P.O. Box 457 Andalusia, AL 36420</b>		35. FUNERAL DIRECTOR—Signature <i>Norman E. Hobson</i>	
36. DATE SIGNED BY FUNERAL DIRECTOR <b>6-5-2013</b>				37. <u>    </u> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time and date, and due to the cause(s) and manner stated." <u>    </u> Medical Examiner <u>    </u> Coroner "On the basis of examination and investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner stated." Signature: <i>Norman E. Hobson</i>			
38. DATE SIGNED (Month, Day, Year) <b>6-5-2013</b>				39. TIME AND DATE OF DEATH <b>06/04/13 10:30AM-</b>			
40. DATE AND TIME PRONOUNCED DEAD (For Coroner/M.E. use only)				41. NAME AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>Norman Hobson, Coroner</b>			
42. ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 46) <b>P.O. Box 457 Andalusia, AL 36420</b>				43. CERTIFIER LICENSE NUMBER			
44. REGISTRAR—Signature <i>Jan Davis</i>				45. DATE FILED (Month, Day, Year) <b>June 10, 2013</b>		46. For State or County use only	

SSN:

NAME OF DECEASED

#### MEDICAL CERTIFICATION

46. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Cardiac Arrest</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
b. <b>Heart Prostration, Dehydration, Stress</b>		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		
c. <b>    </b>		
47. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		48. WAS THERE A PREGNANCY IN LAST 42 DAYS? (Specify Yes, No, or Unk.)
49. MANNER OF DEATH (Specify—Accident, Homicide, Suicide, Undetermined Circumstances, Pending Investigation, Natural Cause) <b>Accident</b>		50. AUTOPSY (Specify Yes or No) <b>No</b>
51. If yes, were findings considered in determining cause of death? (Specify Yes or No)		
52. HOW INJURY OCCURRED (Enter nature of injury in Item 46, Part I or Item 47, Part II)		53. DATE OF INJURY (Month, Day, Year)
54. HOUR OF INJURY		M.
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—(Specify at home, farm, street, factory, office building, etc.)	57. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)

This is a legal record and must be filed within five (5) days after death.

**JUN 11 2013**

ADPH-HS 2/Rev. 11-93

This is an official certified copy of the original record filed in the Center of Health Statistics, Alabama Department of Public Health, Montgomery, Alabama. 2018-357-685-0

August 2, 2018

*Nicole H. Rushing*  
Nicole Henderson Rushing  
State Registrar of Vital Statistics