

LINCOLN COUNTY, NV

2018-155113

\$35.00

Rec:\$35.00

08/24/2018 02:41 PM

FIRST AMERICAN TITLE PASEO VERDE Pgs=3 AK

OFFICIAL RECORD

LESLIE BOUCHER, RECORDER

A.P.N.: 005-251-24
File No: 119-2549546 (SW)

When Recorded return to, and mail Tax Statements to:

Donald M. Abley
9716 Trail Rider Drive
Las Vegas, NV 89117

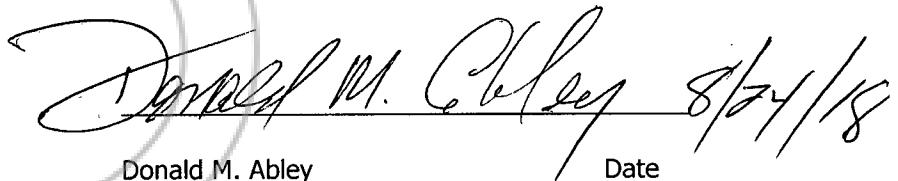
AFFIDAVIT - TERMINATING JOINT TENANCY

Donald M. Abley, of legal age, being first duly sworn, deposes and says:

That **MaryAnn Sharpe-Abley**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **MaryAnn Sharpe-Abley** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **08/26/2004** executed by **Richard J. Moser, a single man and Allison Newlon, a single woman** to **Donald M. Abley and MaryAnn Sharpe-Abley** as joint tenants, recorded as Document No. **123010** on **September 07, 2004** in Book **190** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

THAT PORTION OF THE NORTHEAST QUARTER (NE1/4) OF THE SOUTHEAST QUARTER (SE1/4) OF SECTION 25 TOWNSHIP 5 NORTH, RANGE 65 EAST, M.D.B. & M., LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 1D OF SUBSEQUENT PARCEL MAP DIVIDING PARCEL ONE, PLAT BOOK B, PAGE 363, FOR RICHARD MOSER AND ALLISON NEWLON, AS SHOWN UPON MAP THEREOF RECORDED NOVEMBER 3, 2003 AS FILE 121196 IN PLAT BOOK C, PAGE 13.


Donald M. Abley

Date

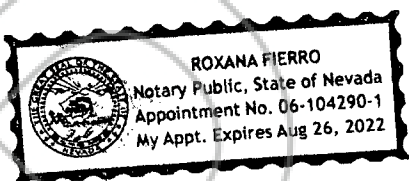
STATE OF **NEVADA**)
)
) :ss.
COUNTY OF **CLARK**)

This instrument was acknowledged before me on this:
24 day of August, 2018

By: **Donald M. Abley, a widower**

By: _____ / Its: _____
[Signature]

Notary Public
(My commission expires: 8-26-22)



Roxana Fierro
NO.06-104290-1
Exp. 08.26.2022

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NEVADA
OF VITAL RECORD

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

CASE FILE NO. 3987213

CERTIFICATE OF DEATH

2017020857

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) Mary Ann SHARPE		2. DATE OF DEATH (Mo/Day/Year) October 25, 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 and Summerlin Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) January 30, 1948		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donald M ABLEY	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Teacher		14b. KIND OF BUSINESS OR INDUSTRY School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 9716 Trail Rider Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert SHARPE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary OWEN		
18a. INFORMANT - NAME (Type or Print) Donald M ABLEY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 9716 Trail Rider Drive Las Vegas, Nevada 89117			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAVID F HOLT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD866		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Cheyenne 7400 W Cheyenne Las Vegas NV 89129	
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 CHARANPAL SINGH 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) November 09, 2017		21c. HOUR OF DEATH 21:50		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) Charanpal Singh MD 2075 E Flamingo Rd Las Vegas, NV 89119				23b. LICENSE NUMBER 15465	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 09, 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).)				Interval between onset and death	
PART I (a) Acute Cardiopulmonary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) Septic Shock				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (d) Unknown Etiology				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	

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



476181

DATE ISSUED:

NOV 15 2017

This copy not valid unless prepared on watermarked security paper displaying data seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

Registrar of Vital Statistics

By:

[Signature]

