

After recording please return to: )  
 Name: Dempsey W. Burns )  
Ruth G. Burns )  
 Address: 6532 Bungey Way )  
 City, State, Zip: Las Vegas, NV 89107 )  
 Phone: (702) 376-4627 )  
 Assessor's )  
 Parcel Number 001-057-14 )

LINCOLN COUNTY, NV **2018-155164**  
 Rec:\$35.00  
 Total:\$35.00 **08/31/2018 03:52 PM**  
 DEMPSEY W. BURNS Pgs=3 AK



OFFICIAL RECORD  
 LESLIE BOUCHER, RECORDER

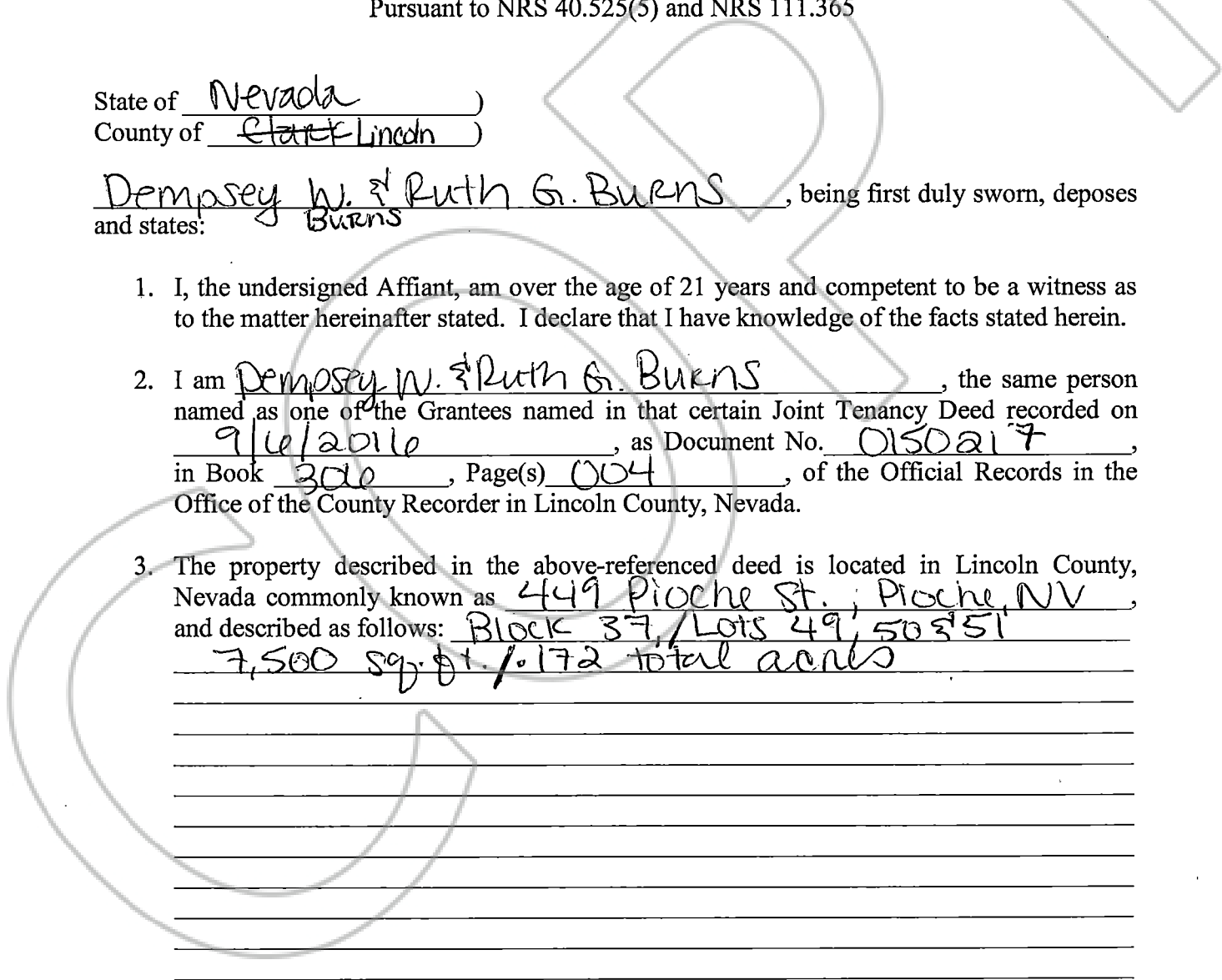
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**AFFIDAVIT TERMINATING JOINT TENANCY**  
 Pursuant to NRS 40.525(5) and NRS 111.365

State of Nevada )  
 County of Clark/Lincoln )

Dempsey W. & Ruth G. Burns, being first duly sworn, deposes and states: BURNS

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 Dempsey W. & Ruth G. Burns, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 9/6/2016, as Document No. 0150217, in Book 300, Page(s) 004, 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 449 Pioche St., Pioche, NV, and described as follows: Block 37, Lots 49, 50 & 51  
7,500 sq. ft. / 0.172 total acres



4. Kyle Wayne Burns, (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 Son.
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 Dempsey W. & Ruth G. Burns, as sole owner.

DATED this 31st day of August, 2018.

Dempsey W. Burns  
Affiant Ruth G. Burns

Subscribed and Sworn to before me on this  
31st day of August, 2018 by  
Dempsey W. Burns and Ruth G. Burns

M. Howard  
Notary Public



M. HOWARD  
Notary Public  
State of Nevada  
My Commission Expires: 12-10-19  
Certificate No: 08-5566-11

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. 3975210

2017016392

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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kyle Wayne BURNS; 2. DATE OF DEATH (Mo/Day/Year) August 29, 2017; 3a. COUNTY OF DEATH Clark; 3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas; 3c. HOSPITAL OR OTHER INSTITUTION -Name St Rose Dominican Hospital Siena Campus; 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient; 4. SEX Male; 5. RACE (Specify) White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 59; 7b. UNDER 1 YEAR MOS; 7c. UNDER 1 DAY DAYS; 7d. HOURS; 7e. MINS; 8. DATE OF BIRTH (Mo/Day/Yr) February 15, 1958; 9a. STATE OF BIRTH (If not US/CA, name country) California; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 13; 11. MARITAL STATUS (Specify) Married; 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lynda ROMYN; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Package Driver; 14b. KIND OF BUSINESS OR INDUSTRY Postal Services; Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Clark; 15c. CITY, TOWN OR LOCATION Las Vegas; 15d. STREET AND NUMBER 3411 Ranch View Street; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Dempsey Wayne BURNS; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth Gail MICHAL; 18a. INFORMANT - NAME (Type or Print) Lynda BURNS; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 3411 Ranch View Street Las Vegas, Nevada 89108; 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; 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 MICHAEL M HIXSON MD; 21b. DATE SIGNED (Mo/Day/Yr) September 03, 2017; 21c. HOUR OF DEATH 15:47; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print); 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); 22b. DATE SIGNED (Mo/Day/Yr); 22c. HOUR OF DEATH; 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) Michael M Hixson MD 360 S Lola Lane Pahrump, NV 89048; 23b. LICENSE NUMBER 13789; 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 05, 2017; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary Arrest; (b) Uncertain Etiology; (c); (d); PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.; 26. AUTOPSY (Specify Yes or No) No; 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes; 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.

NRS-Rev-20120523a



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Registrar of Vital Statistics

By: [Signature]

DATE ISSUED: SEP 11 2017

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

