

After recording please return to:)

Name: Shauna Drew)
P.O. Box 721)
Address: 210 Conway)
Caliente NV 89008)
City, State, Zip:)
Phone: 775 962-2841)
Assessor's)
Parcel Number 003-096-08)

LINCOLN COUNTY, NV **2018-155268**
Rec:\$35.00
Total:\$35.00 **10/03/2018 09:33 AM**
SHAUNA DREW Pgs=3 AK



00001416201801552680030036

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 Lincoln)

Shauna Drew, being first duly sworn, deposes and states:

- 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.
- I am Shauna Drew, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 10-21-2011, as Document No. 0139592, in Book 267, Page(s) 099, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.

- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 210 Conway Caliente NV 89008, and described as follows:

All of lot numbered seven (7) and the west one-half (1/2) of lot numbered eight (8) in Block number forty-one (41) in the Thos E. Dixon addition to the City of Caliente, County of Lincoln, State of Nevada

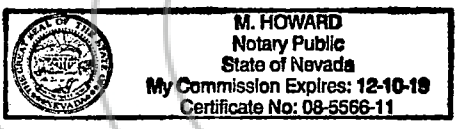
4. HARRY RAY BROWN, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my FATHER.
6. 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 Doreen Brown + Shauna Drew, as sole owner.
joint tenant with rights of survivorship

DATED this 2 day of October, 2018.

Shauna Drew
Affiant Shauna Drew

Subscribed and Sworn to before me on this
2nd day of October, 2018 by
Shauna Drew.

M. Howard
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3912097

CERTIFICATE OF DEATH

2016015538
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) Harry Ray BROWN		2. DATE OF DEATH (Mo/Day/Year) August 27, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Inpatient)(Specify). 210 Conway Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
7e. UNDER 1 MIN MIN		8. DATE OF BIRTH (Mo/Day/Yr) February 07, 1943			
9a. STATE OF BIRTH (If not US/CA, name country) New Mexico		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) Doreen Rose MORGAN			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Plumber		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 210 Conway		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmo BROWN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois KELLY		
18a. INFORMANT- NAME (Type or Print) Doreen BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 955 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such). TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) [REDACTED]		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) LAWRENCE LA JOIE SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) August 30, 2016		21c. HOUR OF DEATH 11:43		22b. DATE SIGNED (Mo/Day/Yr) August 30, 2016	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 11:43		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 27, 2016	
22e. PRONOUNCED DEAD AT (Hour) 11:43		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Lawrence La Jole 1050 SR 322 Piche, NV 89043			
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 30, 2016		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) Cardiac Arrest		Interval between onset and death Unknown	
		(b) End Stage Chronic Obstructive Pulmonary Disease		Interval between onset and death Unknown	
		(c) Chronic Obstructive Pulmonary Disease		Interval between onset and death Unknown	
		(d) [REDACTED]		Interval between onset and death Unknown	
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) 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	

STATE REGISTRAR

000643911



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: 9/22/2016

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Cody L. P...
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

