

LINCOLN COUNTY, NV

2018-155397

\$35.00

Rec:\$35.00

11/09/2018 01:31 PM

FIRST AMERICAN TITLE PASEO VERDE

Pgs=3 AK

OFFICIAL RECORD

LESLIE BOUCHER, RECORDER

A.P.N.: 006-271-26
File No: 119-2544274 (RC)

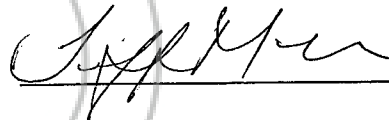
When Recorded return to, and mail Tax Statements to:
The Estate of Karen Campbell, deceased
262 Prairie Rose Street
Henderson NV 89015

AFFIDAVIT - TERMINATING JOINT TENANCY

Tiffany R. Martin, of legal age, being first duly sworn, deposes and says:

That **James A. Campbell**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain **Grant, Bargain, and Sale Deed** dated **November 03, 2006** executed by **Ann G.M. Carse** to **James A Campbell and Karen H Campbell, Husband and Wife** as joint tenants, recorded as Document No. **127792** on **11/07/2006** in Book **225** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

PARCEL 1 AS SHOWN ON PARCEL MAP FOR JIMMIE ROSA RECORDED APRIL 29, 1997 IN PLAT BOOK B, PAGE 33 AS FILE NO. 108853 AND AMENDED PARCEL MAP FOR JIMMIE ROSA AND RALPH W. & DENISE M. HILDEBRAND RECORDED JULY 19, 1999 IN PLAT BOOK B, PAGE 233 AS FILE NO. 113094 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA, LOCATED IN A PORTION OF THE SOUTHWEST QUARTER (SW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF SECTION 11, TOWNSHIP 1 NORTH, RANGE 69 EAST.

 11-7-2018

Tiffany R. Martin, Personal
Representative

Date

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

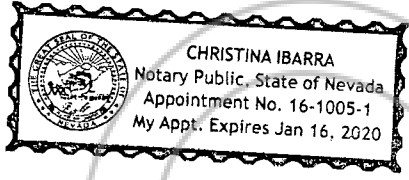
This instrument was acknowledged before me on this:
7 day of Nov 2018

By: **Tiffany R. Martin, Personal Representative of The Estate of Karen Campbell, deceased**

By: Christina Ibarra / Its: _____

Notary Public
(My commission expires: Jan 16, 2020)

Christina Ibarra
Notary Public
No. 16-1005-1
Exp. 1/16/20



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2013020112

STATE FILE NUMBER

DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX)	James Allen CAMPBELL		DATE OF DEATH (Mo/Day/Year)	December 08, 2013		COUNTY OF DEATH	Clark		
	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX		
Las Vegas		Centennial Hills Hospital Medical Center		Inpatient		Male			
RACE (Specify)		Hispanic Origin? Specify No - Non-Hispanic		AGE - Last birthday (Years)	UNDER 1 YEAR MOS DAYS		UNDER 1 DAY HOURS MINS		
White		No		65			DATE OF BIRTH (Mo/Day/Yr)		
January 19, 1948		STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		EDUCATION		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
Missouri		United States		18		SURVIVING SPOUSE (if wife, give maiden name)		Karen HART	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? No			
		Police Officer		Law Enforcement					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No) Yes	
Nevada		Lincoln		Pioche					
FATHER/PARENT - NAME (First Middle Last Suffix)				MOTHER/PARENT - NAME (First Middle Last Suffix)					
George Andrew CAMPBELL				Nancy Alice TAYLOR					
INFORMANT - NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)						
Karen CAMPBELL			HC 74 Box 159 Pioche, Nevada 89043						
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY - NAME			LOCATION City or Town State			
Cremation			Palm Crematory			Las Vegas Nevada 89101			
FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE		NAME AND ADDRESS OF FACILITY					
BART BURTON SIGNATURE AUTHENTICATED		50		Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015					
TRADE CALL - NAME AND ADDRESS									
To Be Completed by CERTIFYING PHYSICIAN									
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 BILJANA JANIC MD									
DATE SIGNED (Mo/Day/Yr)			HOUR OF DEATH			To Be Completed by CORONER'S OFFICE			
December 12, 2013			19:20			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)			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			DATE SIGNED (Mo/Day/Yr)			HOUR OF DEATH			
						22d. PRONOUNCED DEAD (Mo/Day/Yr)			
						22e. PRONOUNCED DEAD AT (Hour)			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)						LICENSE NUMBER			
BILJANA JANIC MD 6857 W Chaleston Las Vegas, NV 89117						12223			
REGISTRAR (Signature)			DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)			DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MARY WILSON SIGNATURE AUTHENTICATED			December 12, 2013						
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						Interval between onset and death			
PART I (a) Cardiac arrest, third atrioventricular block									
DUE TO, OR AS A CONSEQUENCE OF: Cardiogenic shock, aspiration pneumonia									
DUE TO, OR AS A CONSEQUENCE OF: Hypoxemic brain injury due to cardiogenic shock									
DUE TO, OR AS A CONSEQUENCE OF: Respiratory failure									
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.						AUTOPSY (Specify Yes or No) No		WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo/Day/Yr)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No		CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a

"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 the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: DEC 18 2013

Registrar of Vital Statistics

By: *Mary Wilson*

This Copy not valid unless prepared on engraved border 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

