

After recording please return to:)
Name: PATRICIA STEVENS and Sherry)
Leath)
Address: PO Box 236)
City, State, Zip: Caliente, NV, 89008)
Phone: 702-726-3512 or 702-250-6152)
Assessor's)
Parcel Number 13-041-01)



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)

PATRICIA STEVENS, being first duly sworn, deposes
and states:

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 PATRICIA STEVENS, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on December 13, 1994, as Document No. 102831, in Book 111, Page(s) 663, 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 _____, and described as follows: Lot one (1) in HIGHLAND KNILLS SUBDIVISION, BEING A SUBDIVISION OF THE NORTH HALF OF SECTION 3, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B.S. M., LINCOLN COUNTY.

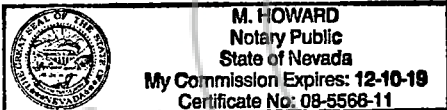
4. FRANK STEVENS, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my HUSBAND.
6. 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 PATRICIA L. STEVENS, as sole owner.

DATED this 4th day of JANUARY, 2019.

Patricia Stevens
Affiant
PATRICIA STEVENS

Subscribed and Sworn to before me on this
4th day of January, 2019 by
Patricia L. Stevens.

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. 4035405

CERTIFICATE OF DEATH

2018016303
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) Frank STEVENS		2. DATE OF DEATH (Mo/Day/Year) August 15, 2018		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Calliente		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 85		7b. UNDER 1 YEAR MOS. DAYS 		7c. UNDER 1 YEAR HOURS. MINS. 	
8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1933		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		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) Charlotte Patricia LAUB	
13. SOCIAL SECURITY NUMBER 		14a. USUAL OCCUPATION (Give kind of Work Done During Most of Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Equipment	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Calliente	
15d. STREET AND NUMBER 4871 Blue Desert Trail		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Ellis STEVENS	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary E HARDY		18a. INFORMANT - NAME (Type or Print) Patricia STEVENS		18b. MAILING ADDRESS - (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 236 Calliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Mesquite Cemetery		19c. LOCATION - City or Town, State Mesquite Nevada	
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 Calliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) R WILLIAM KATSCHKE MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) August 16, 2018		21c. HOUR OF DEATH 18:25		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) R William Katschke MD P.O. Box 1010 Calliente NV 89008		23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 21, 2018		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) Congestive Heart Failure Interval between onset and death: Months (b) Coronary Artery Disease Interval between onset and death: Years (c) Hypertension Interval between onset and death: Years (d) Interval between onset and death: 	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Anemia, Diabetes Mellitus Type 2, Dementia		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.		28h. CITY OR TOWN		28i. STATE	

STATE REGISTRAR

000733192



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:

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

Julie Katschke
STATE REGISTRAR

VRS-Rev 20120523a

