

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 13-041-02 )



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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 November 21, 1994, as Document No. 102760, in Book 111, Page(s) 580, 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 TWO (2) in Highland Knolls subdivision, Lincoln County, Nevada. Being a subdivision of the north half of section 3, Township 3 South, Range 67 East, M.D. B&M., Lincoln County, Nevada.

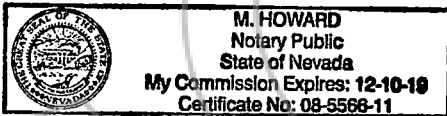
4. FRANK STEVENS, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my HUSBAND.
6. 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) <b>Frank STEVENS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 15, 2018</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION, Name (If not either, give street or 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Grover C Dils Medical Center Inpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>85</b>	
7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 02, 1933</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>13</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Charlotte Patricia LAUB</b>			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Mechanic</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Equipment</b>	
15a. RESIDENCE- STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>4871 Blue Desert Trail</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT- NAME (First Middle Last Suffix) <b>Ellis STEVENS</b>			17. MOTHER/PARENT- NAME (First Middle Last Suffix) <b>Mary E HARDY</b>		
18a. INFORMANT- NAME (Type or Print) <b>Patricia STEVENS</b>			18b. MAILING ADDRESS - (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 236 Caliente, Nevada 89008</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Mesquite Cemetery</b>		19c. LOCATION - City or Town, State <b>Mesquite Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>					
20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>					
20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>					
TRADE CALL - NAME AND ADDRESS					
21a. 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) <b>R WILLIAM KATSCHKE MD</b>			22a. To be Completed by CORONER'S OFFICE 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) <b>August 16, 2018</b>		21c. HOUR OF DEATH <b>18:25</b>		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) <b>R William Katschke MD P.O. Box 1010 Caliente NV 89008</b>				23b. LICENSE NUMBER <b>10509</b>	
24a. REGISTRAR (Signature) <b>BRECE D FLORES</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 21, 2018</b>		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				Interval between onset and death	
(a) <b>Congestive Heart Failure</b>				Months	
(b) <b>Coronary Artery Disease</b>				Years	
(c) <b>Hypertension</b>				Years	
(d) <b></b>				Years	
PART II - OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I <b>Chronic Anemia, Diabetes Mellitus, Type 2, Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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

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

