

APN: 03-192-01  
When Recorded, Mail to:  
Mail Tax Notices to:  
David R. Brune  
Sharon L. Brune  
Co-Personal Representatives of the  
Estate of Robert W. Maichle  
508 Burton St.  
Henderson, NV 89015



OFFICIAL RECORD  
AMY ELMER, RECORDER

**AFFIDAVIT - TERMINATION OF JOINT TENANCY**  
(Death of a Joint Tenant)

DAVID R. BRUNE and SHARON L. BRUNE, after being first duly sworn, depose and say:

That CASEY FOLKS, JR., a single man, and ROBERT W. MAICHLE, a single man, are named as joint tenant grantees in that certain deed recorded on June 10, 1991, as Document Number 096820, as shown in the Official Records of Lincoln County, State of Nevada, describing the following property:

**Legal Description: Lot Two (2) of the North Half (N ½) of Lot Four (4) in the DENTON HEIGHTS ADDITION to the City of Caliente, County of Lincoln, State of Nevada.**

**Assessor's Parcel No: 03-192-01**

That CASEY FOLKS, JR. died on January 12, 2017, and is the same person as named on the certified Death Certificate, attached hereto, thereby leaving ROBERT W. MAICHLE as the survivor to the real property aforementioned.

Witness Affiant's hand on May 31, 2019.

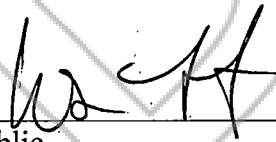
  
\_\_\_\_\_  
DAVID R. BRUNE

  
\_\_\_\_\_  
SHARON L. BRUNE

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF CLARK     )

On this 31<sup>st</sup> day of May, 2019, before me the undersigned, a Notary Public in and for the said State, personally appeared DAVID R. BRUNE and SHARON L. BRUNE personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose names are subscribed to the within instrument, AFFIDAVIT - TERMINATION OF JOINT TENANCY (Death of a Joint Tenant), and acknowledged to me that Affiants executed the same in their authorized capacity, and that by their signatures on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

WITNESS my hand and official seal.



\_\_\_\_\_  
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

2017000336

STATE FILE NUMBER

CASE FILE NO. 3935271

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>Casey Eugene FOLKS JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 12, 2017</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient(Specify) <b>Nathan Adelson Hospice Hospice Facility (HFS)</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>72</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>10</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>September 01, 1944</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>3560 Wisdom Ct</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Casey Eugene FOLKS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Blondina TERLIZZI</b>		
18a. INFORMANT- NAME (Type or Print) <b>Daryl Eugene FOLKS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>787 Fairway Dr Boulder City, Nevada 89005</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GINA NARRO SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>850</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101</b>	
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) <b>CATRISHA CABANILLA-DEL MUNDO D.O. SIGNATURE AUTHENTICATED</b>		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>January 12, 2017</b>		21c. HOUR OF DEATH <b>06:26</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>Catrisha Cabanilla-Del Mundo D.O. 4141 Swenson Street Las Vegas, NV 89119</b>				23b. LICENSE NUMBER <b>DO1900</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 12, 2017</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) <b>Left Basal Ganglia Intracranial Hemorrhage</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Hypertension</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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

"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



358582

358582

Registrar of Vital Statistics

By:

*Joannell*

DATE ISSUED:

JAN 17 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

