

APN: 03-085-05

Recording requested by:
Catherine Ann Williams

When recorded mail to and
mail tax statements to:

Catherine Ann Williams
270 Main Street
P.O. Box 883
Caliente, Nevada 89008

Space reserved for Recorder's Use

LINCOLN COUNTY, NV **2019-156656**
Rec:\$35.00
Total:\$35.00 **06/24/2019 01:16 PM**
CATHERINE ANN WILLIAMS Pgs=3 KE



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT TERMINATING JOINT TENANCY
Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

CATHERINE ANN WILLIAMS, being first duly sworn, deposes and states:

1. I am 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 CATHERINE ANN WILLIAMS, the same person names as one of the Grantees named in that certain Joint Tenancy Deed recorded on May 30, 2006, as Document Number 126584, in Book 217, Page 236, of the Official Records in the Office of the County Recoder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 270 Main Street, Caliente, Nevada and described as follows:

Lot 8 in Block 3 of Caliente, Nevada as shown on the Official Plat in the Recorder's Office of Lincoln County, Nevada (being located in Section 7 and 8 of Township 4 South, Range 67 East, M.D.B.&M.).

Assessor's Parcel Number for 2005 – 2006: 03-085-05

4. BILLY R. WILLIAMS, (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.

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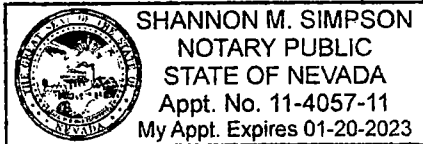
6. This affidavit is being made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me CATHERINE ANN WILLIAMS, as sole owner.

DATED this 24 day of June, 2019.

Catherine Ann Williams
CATHERINE ANN WILLIAMS

SUBSCRIBED and SWORN before me on
this 24th day of June, 2019, by
Catherine Ann Williams

Shannon M. Simpson
NOTARY PUBLIC, in and for the
STATE OF NEVADA, COUNTY OF LINCOLN.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4079740

CERTIFICATE OF DEATH

2019008883

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) Billy Ray WILLIAMS		2. DATE OF DEATH (Mo/Day/Year) April 30, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Mesquite		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) Highland Manor of Mesquite		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient(Specify) Nursing Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE -Last birthday (Years) 79		7b. UNDER 1 YEAR MO'S DAYS		7c. UNDER 1 DAY HOURS MIN'S	
8. DATE OF BIRTH (Mo/Day/Yr) July 07, 1939		9a. STATE OF BIRTH (If not US/CA, name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Catherine Ann MAEDER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of MINER		14b. KIND OF BUSINESS OR INDUSTRY MINING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 270 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Jack WILLIAMS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Susie JANES		
18a. INFORMANT - NAME (Type or Print) Catherine WILLIAMS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO.Box 883 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/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: Southern Utah Crematory 190 North 300 West Cedar City UT 84720					
21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature & Title) JULIE WU MD SIGNATURE AUTHENTICATED		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) May 03, 2019		21c. HOUR OF DEATH 02:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Julie Wu MD 3750 S Jones Blvd Las Vegas, NV 89103			
23b. LICENSE NUMBER 11544		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 06, 2019		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). Interval between onset and death					
PART I (a) Non-small Cell Lung Cancer					
(b) Smoking					
(c) 					
(d) 					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				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	

000767747



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: **5/9/2019**

Nancy Barry
Interim Administrator
STATE REGISTRAR

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

