

LINCOLN COUNTY, NV **2019-156683**
\$35.00
Rec:\$35.00 **07/01/2019 03:30 PM**
FIRST AMERICAN TITLE PASEO VERDE Pgs=2 KE
OFFICIAL RECORD
AMY ELMER, RECORDER

A.P.N.: 013-170-39
File No: 116-2566069 (dp)

When Recorded return to, and mail Tax Statements to:
Mary Buck
P.O. Box 552
Caliente, NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Mary M. Buck, of legal age, being first duly sworn, deposes and says:

That **Phillip Dale Buck**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Phillip D. Buck** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **08/09/1993** executed by **Kelben and Associates, Inc.** to **Phillip D. Buck and Mary M. Buck, husband and wife** as joint tenants, recorded as Document No. **101855** on **05/13/1994** in Book **109** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

THE SOUTHEAST QUARTER (SE 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 14, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B. & M.

EXCEPTING THEREFROM THE SOUTHERLY 50 FEET FOR ROAD AND PUBLIC UTILITIES PURPOSES.

Mary M. Buck

Mary M. Buck

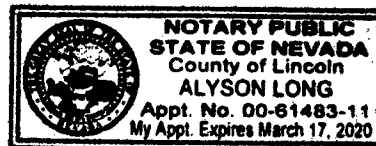
STATE OF **NEVADA**)
)
) :SS.
COUNTY OF **Lincoln**)

This instrument was acknowledged before me on this:

27th day of June 2019

By: **Mary M. Buck**

Alyson Long



Notary Public
(My commission expires: March 17, 2020)

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3887996

CERTIFICATE OF DEATH

2016006797
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Phillip Dale BUCK		2. DATE OF DEATH (Mo/Day/Year) April 07, 2016		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1935		9a. STATE OF BIRTH (if not US/CA, name country) Nevada		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) Mary Marlene KAVANAUGH	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) General Contractor		14b. KIND OF BUSINESS OR INDUSTRY Construction	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Beaver Dam Estates	
DISPOSITION	15d. STREET AND NUMBER 2173 Broken House Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Dan A BUCK	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ida Lucile DOUGLAS		18a. INFORMANT- NAME (Type or Print) Mary Marlene BUCK		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 552 Caliente, Nevada 89008	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 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 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN R ROGERS M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) April 15, 2016		21c. HOUR OF DEATH 04:00	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	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) John R Rogers M.D. PO Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 12629		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 15, 2016		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) Acute On Chronic Kidney Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Urinary Tract Infection DUE TO, OR AS A CONSEQUENCE OF: (c) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (d)	
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		Interval between onset and death 3 Days	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

STATE REGISTRAR

RVS-Rev-20120523a

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:

4/20/2016

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

Cody A. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

