

APN 003-086-01

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OFFICIAL RECORD  
AMY ELMER, RECORDER

# Affidavit Terminating Joint Tenancy

Title of Document

## Affirmation Statement

\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NRS 603A.040 "Personal information" Exhibit  
(State specific law)

Richard J. Livreri  
Signature Title

Richard J. Livreri  
Print

5/16/2019  
Date

### Grantees address and mail tax statement:

Richard Livreri  
4879 Charlemagne  
Las Vegas, NV 89130

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA            )  
  ) ss

COUNTY OF CLARK            )

Richard J. Livreri, natural child of Dorothy Livreri, being first duly sworn deposes and says that affiant is over the age of eighteen (18) years and competent to witness as to the matters hereinafter stated.

1. That I am the natural child of Dorothy Livreri.
2. That I am named as a person together with my three siblings: Virginia Ann Flores, Michael Anthony Livreri and David Charles Livreri as Joint Tenants with rights to survivorship along with Dorothy Livreri, to the real property situated in the County of Lincoln, State of Nevada, bounded and described as follows:

All of the West one-half (1/2) of Lot numbered five (5) and all of the lot numbered six (6) in Block numbered fourteen (14), otherwise identified as 491 Main Street In the City of Caliente, County of Lincoln, State of Nevada, together with any and all improvements thereon, consisting of a dwelling house and garage; as said Lots and Block are delineated and described on the Official Plat of said City of Caliente, now on file and of record in the Office of the Recorder of Lincoln County, Nevada to which said Plat and the records on file, reference is hereby made for the more and full and complete description thereof.

TOGETHER WITH all singular the tenements, hereditaments and appurtenances thereunto belonging or in otherwise appertaining.

3. That Dorothy Livreri, one of the Joint Tenants on said deed of record, is deceased, and a certified copy of the decedent's Certificate of Death is attached hereto and made a part hereof.

4. That it is the desire of the surviving Joint Tenants to have the name of DOROTHY LIVRERI removed from the deed as she is now deceased.

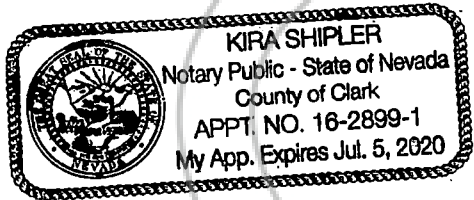
5. Further Affiant saith naught.

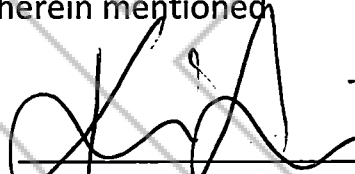
  
RICHARD JOSEPH LIVRERI

STATE OF NEVADA        )  
                                  ) ss  
COUNTY OF CLARK     )

On this 28 day of December, 2018, personally appeared before me, a Notary Public in and for said County and State, Richard Joseph Livreri, known to me to be the person described in and who executed the foregoing instrument who acknowledged to me to be the person who executed the same freely and voluntarily and for the uses and purposes therein mentioned.

WITNESS my hand and official seal



  
NOTARY PUBLIC

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

012048

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	DECEASED—NAME First Middle Last <b>Dorothy Elizabeth LIVRERI</b>			DATE OF DEATH (Month, Day, Year) <b>December 22, 2003</b>		COUNTY OF DEATH <b>Clark</b>
	CITY, TOWN OR LOCATION OF DEATH <b>Las Vegas</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>Nathan Adelson Hospice</b>		If Hosp. or Inst. Indicate DOA, OP/Emer. Rim, Inpatient (Specify) <b>Inpatient</b>	SEX <b>Female</b>
	RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>White</b>		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years) <b>79</b>	UNDER 1 YEAR MOS : DAYS
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	STATE OF BIRTH (If not U.S.A., name country) <b>Pennsylvania</b>		CITIZEN OF WHAT COUNTRY <b>USA</b>	Decedent's Education: Specify highest grade completed. <b>12</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>October 10, 1924</b>
	SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
	RESIDENCE—STATE <b>Nevada</b>	COUNTY <b>Lincoln</b>	CITY, TOWN, OR LOCATION <b>Caliente</b>		STREET AND NUMBER <b>491 Main Street</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
PARENTS	FATHER—NAME First Middle Last <b>Walter Wilcox</b>			MOTHER—MAIDEN NAME First Middle Last <b>Anna Flannigan</b>		
	INFORMANT—NAME (Type or Print) <b>Richard Livreri</b>			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>2217 Canary Way Las Vegas, NV 89106</b>		
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Memorial Veterans Cemetery</b>		LOCATION City or Town State <b>Caliente, Nevada</b>	
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER <b>15</b>	NAME AND ADDRESS OF FACILITY <b>Hites Funeral Home 438 West Sunset Road Henderson, Nevada 89015-</b>		
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>			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) and manner stated. (Signature and Title) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.) <b>12/23/03</b>		HOUR OF DEATH <b>1350</b>		DATE SIGNED (Mo., Day, Yr.)	
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)
	21d.			22d. ON		22e. AT
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>Stewart Stein M.D. 3391 N. Buffalo, Las Vegas, NV 89129</b>						LICENSE NUMBER <b>10312</b>
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>DEC 23 2003</b>		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 (a) <b>End Stage Debility</b> DUE TO, OR AS A CONSEQUENCE OF:		PART (b) <b>Advanced Age</b> DUE TO, OR AS A CONSEQUENCE OF:		PART (c) <b>Chronic Obstructive Pulmonary Disease; Recent Gastrointestinal bleed</b>	
	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1: <b>Chronic Obstructive Pulmonary Disease; Recent Gastrointestinal bleed</b>					
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No.	CITY OR TOWN	STATE	

STATE REGISTRAR

No.254718

"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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE  
 RAISED SEAL OF THE CLARK  
 COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H.  
 Registrar of Vital Statistics

By: *[Signature]*  
 Date Issued:

DEC 31 2003

CLARK COUNTY HEALTH DISTRICT  
 625 Shadow Lane P.O. Box 3902  
 Las Vegas, Nevada 89127  
 702-383-1223  
 Tax ID# 88-0151573