

LINCOLN COUNTY, NV **2019-156928**
\$35.00
Rec:\$35.00 **08/23/2019 02:49 PM**
FIRST AMERICAN TITLE PASEO VERDE Pgs=2 KE
OFFICIAL RECORD
AMY ELMER, RECORDER

A.P.N.: 004-161-09
File No: 119-2570829 (RC)

When Recorded return to, and mail Tax Statements to:
Margaret A. Bolding
PO Box 364200
North Las Vegas, NV 89036

AFFIDAVIT - TERMINATING JOINT TENANCY

Margaret A. Bolding, of legal age, being first duly sworn, deposes and says:

That **George A. Bolding**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **12/10/2007** executed by **Devon Miller and Shannon R. Miller** to **Margaret A. Bolding and George A. Bolding** as joint tenants, recorded as Document No. **0130757** on **01/04/2008** in Book **n/a** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

LOT 1 OF BLOCK 2 OF PHASE II ALAMO WEST SUBDIVISION AS SHOWN ON THE SUBDIVISION MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON OCTOBER 15, 1993, IN BOOK A, PAGE 392 OF PLATS AS FILE NO. 101044.

Margaret A. Bolding 8/13/19
Margaret A. Bolding Date

STATE OF **NEVADA**)
) :ss.
COUNTY OF **CLARK**)



This instrument was acknowledged before me on this:
13TH day of August 2019,

By: **Margaret A. Bolding**

By: _____ / Its: _____
Leia Matzinger

Notary Public
(My commission expires: August 14, 2019)

CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2016002506
STATE FILE NUMBER

CASE FILE NO. 3878817

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George A BOLDING JR			2. DATE OF DEATH (Mo/Day/Year) February 14, 2016		3a. COUNTY OF DEATH Clark		
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Southern Hills Hospital Medical Center Inpatient(Specify)			4. SEX Male		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
	7c. UNDER 1 DAY Inpatient		8. DATE OF BIRTH (Mo/Day/Yr) April 27, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Arizona			9b. CITIZEN OF WHAT COUNTRY United States
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Margaret ANTONETTI			
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Hvac Technician		14b. KIND OF BUSINESS OR INDUSTRY Government		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION North Las Vegas		15d. STREET AND NUMBER 1622 James Street	
	16. FATHER/PARENT - NAME (First Middle, Last Suffix) George A BOLDING SR				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Miriam Grace FELLON			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Margaret BOLDING			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O. Box 364200 North Las Vegas, Nevada 89030				
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JOSEPH M PALMER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD856		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Henderson 800 S Boulder Hwy Henderson NV 89015			
	TRADE CALL - NAME AND ADDRESS							
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)			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) ALANE OLSON M.D. SIGNATURE AUTHENTICATED				
	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 16, 2016		22c. HOUR OF DEATH 01:43	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) February 14, 2016		22e. PRONOUNCED DEAD AT (Hour) 01:43		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Alane Olson M.D. 1704 Pinto Lane Las Vegas, NV 89106					23b. LICENSE NUMBER 9482		
CAUSE OF DEATH	24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 17, 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).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Pulmonary Thromboemboli			Interval between onset and death				
	(b) Deep Venous Thrombosis			Interval between onset and death				
(c) Decreased Mobility Following Fall			Interval between onset and death					
(d) Aortic Dissection			Interval between onset and death					
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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) (ACCIDENT)		28b. DATE OF INJURY (Mo/Day/Yr) January 06, 2016		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED Fall From Height		
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. 1622 James Street		CITY OR TOWN STATE North Las Vegas Nevada		

AKA: George A BOLDING

LOCAL 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.

VRS-Rev-20120523a



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Registrar of Vital Statistics

By: *[Signature]*

DATE ISSUED: **FEB 24 2016**

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

