

APN: 005-261-05

Recording requested by:
Roderick C. Alfano, Administrator of the
Estate of Donna Lynn Bardine

When recorded mail to and
mail tax statements to:

Roderick C. Alfano
P.O. Box 406
Caliente, Nevada 89008

Space reserved for

LINCOLN COUNTY, NV **2019-157031**
Rec:\$35.00
Total:\$35.00 **09/24/2019 09:34 AM**
APRIL BRADSHAW Pgs=6 AE



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)

RODERICK C. ALFANO, ADMINISTRATOR OF THE ESTATE OF DONNA LYNN BARDINE, 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 **RODERICK C. ALFANO**, the Administrator of the Estate of Donna Lynn Bardine, Case No. PR 0712019 in the Seventh Judicial District Court for the State of Nevada, County of Lincoln.
3. **DONNA LYNN BARDINE**, Deceased, is the same person whose name appears as one of the Grantees named in that certain Joint Tenancy Deed recorded on March 22, 2006, as Document Number 126168, in Book 214, Page 125, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
4. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 30 Craw Creek Road, Pioche, Nevada 89043 and described as follows:


A parcel of land situate in the County of Lincoln, State of Nevada, described as a portion of the SE ¼ of the SE ¼ of the SW ¼, and the SW ¼ of the SW ¼ of the SE ¼, Section 34, Township 5 North, Range 67 East, Mount Diablo Base and Meridian, being more particularly described as follows:

Beginning at a point which is the South ¼ Corner of said Section 34; thence S 89° 33' W a distance of 118.40 feet more or less, to the SW Corner; thence N 0° 04' 26" E a distance 655.89 feet more or less, to the NW Corner; thence 89° 35' 18" E a distance of 663.8 feet more or less, to the NE Corner; thence S 0° 02' E a distance of 655.40 feet more or less, to the SE Corner; thence @ 89° 33' W a distance of 546.64 feet to the point of beginning

Assessor's Parcel Number: 005-261-05


5. DAVID BARDINE, the First Decedent, was one of the Grantees named in said Deed, and predeceased DONNA LYNN BARDINE. The First Decedent's death certificate is attached. The date of the First Decedent's death was July 29, 2013, and is set forth in the First Decedent's death certificate, attached, and incorporated herein by this reference.
6. DONNA LYNN BARDINE, Deceased, was the sole remaining joint tenant following the First Decedent's death. Donna Lynn Bardine's date of death was May 28, 2019, and is set forth in her death certificate which is also attached, and incorporated herein by this reference.
7. I was appointed as the Administrator of Donna Lynn Bardine's Estate on August 9, 2019, the Order Appointing Administrator in Summary Administration is attached, and incorporated herein by this reference.
8. This affidavit is being made for the purpose of terminating the joint tenancy between Donna Lynn Bardine and the First Decedent, David Bardine in the described property, said title now vesting in DONNA LYNN BARDINE, as sole owner.

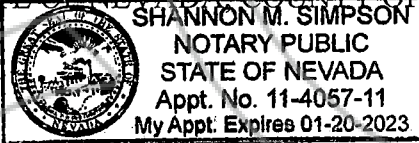
DATED this 23 day of September, 2019.


RODERICK C. ALFANO,
Administrator of the Estate of Donna
Lynn Bardine

State of NV, County of Lincoln

SUBSCRIBED and SWORN before me on
this 23rd day of September, 2019, by
Roderick C. Alfano


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 HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2013012637

STATE FILE NUMBER

TYPE OF 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) David Allen BARDINE		2. DATE OF DEATH (Mo/Day/Year) July 29, 2013		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION Name (if not either, give street and number) 796 Meadow Lane		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 12, 1940		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donna ALFANO	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Truck Crane Operator		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 796 Meadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Galley BARDINE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice HEYWOOD		
18a. INFORMANT - NAME (Type or Print) Donna Lynn BARDINE		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 311 Pioche, Nevada 89043			
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 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Calliente NV 89008	
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) LAWRENCE LA JOIE 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) August 02, 2013		21c. HOUR OF DEATH 20:52		22b. DATE SIGNED (Mo/Day/Yr) August 02, 2013	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 20:52		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 29, 2013	
22e. PRONOUNCED DEAD AT (Hour) 20:52		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Lawrence La Joie 1050 SR 322 Pioche, NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 02, 2013		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) Respiratory Arrest Interval between onset and death					
(b) Cardiopulmonary Disease Interval between onset and death					
(c) Unknown Etiology Interval between onset and death					
(d) Interval between onset and death					
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	
26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

CERTIFIED COPY OF VITAL RECORDS

495182

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.

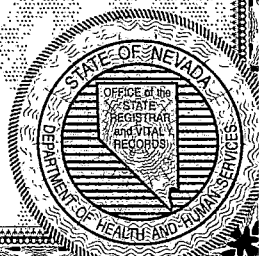
DATE ISSUED:

08/06/2013

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

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4084537

CERTIFICATE OF DEATH

2019010762
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Donna Lynn BARDINE		2. DATE OF DEATH (Mo/Day/Year) May 28, 2019		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) 796 Meadow Lane		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic		7a. AGE: Last birthday (Years) 72	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 25, 1946	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
DISPOSITION	15d. STREET AND NUMBER 796 Meadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene Richard ALFANO	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Florentina OAKS		18a. INFORMANT - NAME (Type or Print) Roderick Carter ALFONO			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 406 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	
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DATHAN P LEWIS SIGNATURE AUTHENTICATED			
	21b. DATE SIGNED (Mo/Day/Yr) July 02, 2019		21c. HOUR OF DEATH 14:47		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) DATHAN P LEWIS SIGNATURE AUTHENTICATED	
REGISTRAR	22b. DATE SIGNED (Mo/Day/Yr) May 28, 2019		22c. HOUR OF DEATH 14:47		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 28, 2019	
	22e. PRONOUNCED DEAD AT (Hour) 14:47		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Dathan P. Lewis, PO Box 570 Pioche, NV, 89043			
CAUSE OF DEATH	23b. LICENSE NUMBER		24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 03, 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).) PART I (a) Septicemia (b) Stasis dermatitis (c) Congestive Heart Failure (d) Unknown Etiology			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	Interval between onset and death		Interval between onset and death		Interval between onset and death	
	Interval between onset and death		Interval between onset and death		Interval between onset and death	
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		



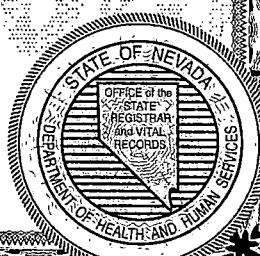
CERTIFIED COPY OF VITAL RECORDS

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: 7/3/2019

Janey Spangler
Interim Administrator

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

BRADSHAW LAW GROUP, LLC
P.O. Box 282 • Caliente, Nevada 89008
Telephone: 775-726-3057 • Fax: 775-726-3058

1 Case No.: PR 0712019

2 Dept. No.:

FILED

2019 AUG -9 PM 12:36

LISA GILLIAND
LINCOLN COUNTY CLERK
ll

3
4
5
6
7 **IN THE SEVENTH JUDICIAL DISTRICT COURT**
8 **IN AND FOR THE COUNTY OF LINCOLN, STATE OF NEVADA**

9 *****

10 IN THE MATTER OF THE ESTATE OF) **ORDER APPOINTING**
11 DONNA LYNN BARDINE,) **ADMINISTRATOR IN SUMMARY**
12 Deceased.) **ADMINISTRATION**

13
14 The Petitioner, RODERICK C. ALFANO (hereinafter "Petitioner"), having filed herein
15 with the Clerk of the Court his/her Petition for Letters of Administration and Summary
16 Administration. The time for the hearing on the Petition was set for the 9th day of August, 2019,
17 and notice of the hearing has been duly given as required by law, and the court having heard the
18 evidence finds that the facts alleged in the petition are true and correct and that the Petition ought
19 to be granted.

20 IT IS THEREFORE ORDERED AND DETERMINED BY THE COURT that Donna
21 Bardine died intestate on the 28th day of May 2019, and at the time of her death was a resident
22 of Lincoln County, Nevada; that said Decedent left certain personal and real property located
23 within the State of Nevada of a value in excess of \$25,000, but less than \$300,000; that no
24 federal estate tax return will be required to be filed for this estate; that this estate be administered
25 under summary administration with all regular proceedings and notices being dispensed with,
26 except for those notices required under NRS 145.010.

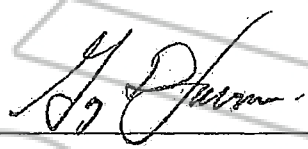
27
28

1 IT IS FURTHER ORDERED that RODERICK C. ALFANO be appointed as Administrator
2 of the estate and that Letters of Administration be issued to him upon his taking the oath required
3 by law;

4 IT IS FURTHER ORDERED that no bond shall be required.

5 IT IS SO ORDERED.

6 DATED this 9th day of August, 2019.



DISTRICT COURT JUDGE

10 Respectfully submitted by:
11 BRADSHAW LAW GROUP

12 

14 APRIL R. BRADSHAW, ESQ.
15 Nevada Bar No. 11963
16 100 Depot Ave., Room 12
17 P.O. Box 282
18 Caliente, Nevada 89008
19 Phone: (775) 726-3057
20 Fax: (775) 726-3058
21 april@bradshawlawgroup.net
22 *Attorney for Petitioner, Roderick C. Alfano*

BRADSHAW LAW GROUP, LLC
P.O. Box 282 • Caliente, Nevada 89008
Telephone: 775-726-3057 • Fax: 775-726-3058.