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 Rec:\$35.00 Total:\$35.00

APRIL BRADSHAW

2019-157031

09/24/2019 09:34 AM

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	Ś

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.

Administrator of the Estate of Donna

Lynn Bardine

State of NV, County of Lincoln

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

annon M. Nimprod NOTARY PUBLIC, in and for the

ADA COUNTY OF LINCOLN

NOTARY PUBLIC STATE OF NEVADA Appt. No. 11-4057-11 My Appt. Expires 01-20-2023



STAVINE OF NEVAIDA CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

2			EKIIFICATE	OL DEWILL A		STATE FILE	IUMBER
PRINT IN	1a: DECEASED NAME (FIRST, MIDI	DLE,LAST;SUFFIX)		· www	2. DATE OF DEATH (N	lo/Day/Year) 3a.	COUNTY OF DEATH
PERMANENT	David Allen	Mary Land 1975 Mary	BARDINE		July 29, 2		Lincoln
BLACK INK	3b. CITY, TOWN, OR LOCATION OF		OR OTHER INSTITUTION	Name(If not either, give	street 3e.lf Hosp. or	Instrindicate DOA,O	P/Emer Rm. 4:SEX
DE0EDENT	Pioche	and number)	796 Meadow	Lane	Inpatient(Spe	Home	Male
DECEDENT	5. RACE: White		panic Origin? Specify				DATE OF BIRTH (Mo/Day/Yr)
	(Specify)	/ No-	Non-Hispanic	birthday (Years)	MOS DAYS	IOURS MINS	August 12, 1940
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	9b. CITIZEN OF WH	AT COUNTRY 10 EDUCAT	ION 11. MARRIED, NE	VER MARRIED, WIDO		/ING SPOUSE (if wife, give
OCCURRED IN	name country) California	United St	lates 14	DIVORCED (Spec	(v) Married	maiden nar	ne) Donna ALFANO
SEE HANDBOOK	13. SOCIAL SECURITY NUMBER	14a USUAL OCCUP	ATION (Give Kind of Work	Done During Most	14b. KIND OF BUSI		
OMPLETION OF			If Retired) Truck Crane			nstruction	Forces? No
RESIDENCE	15a. RESIDENCE - STATE 15b.	COUNTY	15c. CITY, TOWN OR L		TREET AND NUMBER	11.11.11.11.11.11.11.11.11.11.11.11.11.	LIMITS (Specify Yes
***** >	Nevada	Lincoln	Pioche		Meadow Lane		or No. Yes
PARENTS	16. FATHER/PARENT NAME (Firs G	t Middle Last Suffix) alley BARDINE		17_MOTHER/P/	ARENT NAME (First	Middle Last Suffix HEYWOOD	
	18a. INFORMANT- NAME (Type or F	****	18b- MAILING ADI	ORESS (Street or R.F	D. No. City or Town, Sox 311 Pioche, N	A 100 A	
	19a BURIAL CREMATION REMOV		CEMETERY OR CREMA	2 2 200 6001 27 1000	. 4		City or Town Was State
ISPOSITION	Cremation		South	ern Utah Cremator	y	Cedar	City Utah 84720
**************************************	20a. FUNERAL DIRECTOR SIGNA	Contraction of the state of the	is Such) 20b. FUNERA		E AND ADDRESS OF	FACILITY nem Nevada Mo	rtime aller anno mon
****	1000	BOYER	80	$a \times c = 1$ That is a set of $a \circ b$		Street Callente	*******
PADE CALL	TRADE CALL - NAME AND ADDRES	E AUTHENTICATED:				- Carolina Company	
NADE CALL			e time, date and place and	ک ش - 22a. On the	basis of examination	and/or investigation i	n my opinion death occurred at
	a due to the cause(s) stated (s			ਲੂ ਹੈ the time, da	ate and place and due t	o the cause(s) stated	(Signature & Title)
	5 F 100 100 100 100 100 100 100 100 100 1	Na late HOLL	DOC DEATH		NCE LA JOIE SIGNED (Mo/Day/Yr)		NATURE AUTHENTICATED UR OF DEATH
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	21d. NAME OF ATTENDING	PHYSICIAN IF OTHER TI	IAN CERTIFIER		NOUNCED DEAD (Mo/		ONOUNCED DEAD AT (Hour)
	P. H. (Type or Print)			12.8%	July 29, 2013		20:52
	23a: NAME AND ADDRESS OF CER	RTIFIER (PHYSICIAN, AT	ENDING PHYSICIAN, ME	DICAL EXAMINER, OR	CORONER) (Type or P	rint)23b.	LICENSE NUMBER
	1	ity Coroner Lawrence	e La Joie 1050 SF			Total principle	**
REGISTRAR	24a. REGISTRAR (Signature)	NICOLE S	10 to	24b. DATE RECEIVED	gust 02, 2013	Z4C DEATH DOE	TO COMMUNICABLE DISEASE
	25. IMMEDIATE CAUSE (E	SIGNATURE AUTHO	EPER LINE FOR (a), (b),	- 7 (management) with	gust oz, zo io	- 1 days	nterval between onset and death
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UNDERLYING	(d)	awali mana ilikawa	Jyhran				1
	PART II OTHER SIGNIFICANT CO	NDITIONS-Conditions cor	tributing to death but not re	sulting in the underlying	g cause given in Part 1.	26. AUTOPS	
						(Specify Yes	NO TO CORONER (Specify Yes
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<u> </u>		uilding, etc. (Specify)	77 A	. [****		100 100 100 100 100 100 100 100 100 100
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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:



VRS-Rev-20120523a

08/06/2013 SIGNATURE AUTHENTICATED

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



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

. / /	LE NO. 4084537	**************************************	CERTIFICAT	OF DEATH		20190107 STATE FILE NUMB	Therefore to be the trees
TYPE OR	1a DECEASED-NAME (FIRS	T,MIDDLE,LAST,SUFFIX)		We will the	2: DATE:OF DEATH (Mo/Day	y/Year) 3a. COUNTY	OF DEATH
PERMANENT	Donn (in Donn	a <u>#Lyn</u> n 🤼 🚬	BARD	INE.	May 28, 2019		Lincoln
BLACKINK	3b. CITY, TOWN, OR LOCATI	ON OF DEATH-13c. HOSE	PITAL OR OTHER INSTITUTION	NName(If not either, gi			m. 4. SEX
	Pioche	number)	. William , Marry Marry ,	ow Lane	Inpatient(Specify)	1 N	
DECEDENT	5. RACE (Specify)		6. Hispanic Origin? Specify	and control through at the	7b. UNDER 1 YEAR 7c. UNI	Home Home	Female :: BIRTH (Mo/Day/Yr)
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	Nevada Nevada	Lincoln	Pioc		Meadow Lane	The state of the s	lor.No
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	SIGNA	TURE AUTHENTICAT	ED.	D807'		et Caliente NV 890	08
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WCM.	≥ ₹ 21a. To the best of my l	nowledge, death occurred	at the time, date and place ar		basis of examination and/or inve	stigation in my coinion dea	thioccurred :
	ਰ 및 to the cause(s) stated.(Signature & Title) /		≅ ⊇at the time	date and place and due to the car	use(s) stated. (Signature &	Title)
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DATE ISSUED:

7/3/2019

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Interim Administrator



Case No.: PR 0712019	
Dept. No.:	2019 AUG -9 PM 12: 36
	LINCOLN COUNTY CLERI

IN THE SEVENTH JUDICIAL DISTRICT COURT IN AND FOR THE COUNTY OF LINCOLN, STATE OF NEVADA

IN THE MATTER OF THE ESTATE OF DONNA LYNN BARDINE,

ORDER APPOINTING
ADMINISTRATOR IN SUMMARY
ADMINISTRATION

Deceased.

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

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

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