

After recording please return to:

Name: Tina L. Hulsey

Address: 332 Via Franciosa Dr.

City, State, Zip: Henderson, NV 89011

Phone: 702-324-5760

Assessor's Parcel Number: 06-0410-24

LINCOLN COUNTY, NV

2019-157279

Rec:\$35.00

Total:\$35.00

TINA L. HALSEY

11/01/2019 04:07 PM

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OFFICIAL RECORD  
AMY ELMER, RECORDER

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**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

State of Nevada )

County of ~~Lincoln~~ <sup>Clark</sup> )

Tina L. Hulsey, being first duly sworn, deposes and states:

- I, 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.
- I am Tina L. Hulsey, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on December 30<sup>th</sup> 1991, as Document No. 097930, in Book 100, Page(s) 56, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 20178 Windsong Rd., and described as follows:  
  
The West half of the Southwest quarter (W1/2 SW ¼) of U.S. Government Lot numbered Six (6) in Section 2, Township 4 North, Range 67 East, M. D. B. & M.
- Loyd D. Hulsey, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
- The Decedent was my Husband.

6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me Tina L. Hulsey, as sole owner.

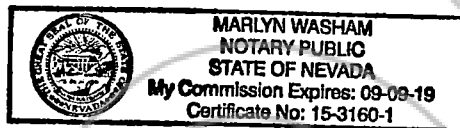
DATED this 1<sup>ST</sup> day of JUNE, 20 19.

Tina L. Hulsey  
Affiant Tina L Hulsey

Subscribed and Sworn to before me on this  
1 day of JUNE, 20 19 by  
TINA LEE HULSEY only

[Signature]

Notary Public



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3940953

**CERTIFICATE OF DEATH**

2017002737  
STATE FILE NUMBER

TYPE OR  
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) <b>Lloyd Dennis HULSEY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 10, 2017</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street ad <b>20895 McHugh Road</b>		3d. Hosp. or Inst. indicate DOA,OP,Emor. Rm. inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>71</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 07, 1945</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Tina GRIGGS</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Heavy Equipment Operator</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
15d. STREET AND NUMBER <b>20895 McHugh Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>C D HULSEY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Leota BOUYER</b>		
18a. INFORMANT - NAME (Type or Print) <b>Amanda HOHN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>137 South Racetrack Road Henderson, Nevada 89015</b>			
19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Paradise Valley Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89119</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>ALLEN KOPP</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>772</b>		20c. NAME AND ADDRESS OF FACILITY <b>Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119</b>	
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)		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) <b>CHASE D DIRKS</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>February 15, 2017</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>10:58</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>February 10, 2017</b>	
22e. PRONOUNCED DEAD AT (1hour) <b>10:58</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Chase D Dirks - 1050 E SR.322 Pioche, NV 89043</b>			
23b. LICENSE NUMBER <b>40</b>		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 15, 2017</b>		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) <b>Arteriosclerosis Cardiovascular Disease</b>		Interval between onset and death <b>Unknown Etiology</b>			
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Hypertensive Coronary Artery Disease</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Unknown Etiology</b>		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				28. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
28a. ACC. SUICIDE, HOMIC. 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	

STATE REGISTRAR

000662365



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.

2/24/2017

DATE ISSUED:

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

*Cody D Dirks*  
SIGNATURE AUTHENTICATED

