APN: 013-041-21 APN: 013-041-22 Recording requested by:

Roxanne Kelley

When recorded mail to and mail tax statements to:

Roxanne Kelley HC 34 Box 32 Caliente, Nevada 89008 LINCOLN COUNTY, NV

2019-157282 Rec:\$35.00 11/04/2019 10:13 AM Total:\$35.00

**ROXANNE KELLEY** 

Pas=4 KE

OFFICIAL RECORD AMY ELMER, RECORDER

## AFFIDAVIT TERMINATING JOINT TENANCY Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA	)
COUNTY OF LINCOLN	)ss. )

ROXANNE CARPENTER BATESEL aka ROXANNE KELLEY 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 ROXANNE CARPENTER BATESEL aka ROXANNE KELLEY, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on August 16, 2002, as Document Number 118672, in Book 166, Page 205 of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
- 3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 3125 Sharon Street, Caliente, Nevada 89008 and described as follows:

## PARCEL NO. 1

LOT NO. 28, HIGHLAND KNOLLS, AS SHOWN BY MAP THEREOF ON FILE IN BOOK "A" OF PLATS, PAGE 100, OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA AND FURTHER DESCRIBED AS:

LOT NO. 28, HIGHLAND KNOLLS SUBDIVISION, A SUBDIVISION OF N1/2 OF SECTION 3, TOWNSHIP SOUTH RANGE. 67 E., MDB&M, LINCOLN COUNTY, NEVADA.

## PARCEL NO. 2

LOT NO. 29, HIGHLAND KNOLLS, AS SHOWN BY MAP THEREOF ON FILE IN BOOK "A" OF PLATS PAGE 100, LINCOLN COUNTY, NEVADA RECORDS, AND FURTHER DESCRIBED AS:

LOT NO. 29, HIGHLAND KNOLLS SUBDIVISION, A SUBDIVISION OF N1/2 OF SECTION 3, TOWNSHIP 3 SOUTH RANGE 67 E., MDB&M, LINCOLN COUNTY, NEVADA

Assessor's Parcel Numbers: 013-041-21; 013-041-22

- 4. LINZY M. CARPENTER, Deceased, and NELLIE J. CARPENTER, Deceased, were two of the Grantees named in said Deed and are the Decedents in the attached certified Death Certificates. The date and place of the Decedents' deaths are set forth in the death certificates and incorporated herein by this reference.
- 5. The Decedents were my parents.

6. This affidavit is being made for the purpose of terminating the joint tenancy between the Decedents, LINZY M. CARPENTER and NELLIE J. CARPENTER, and myself in the described property, said title now vesting in me, ROXANNE KELLEY, an unmarried woman. NOVEMBER

DATED this 4th day of October, 2019.

Noxamore Kelley

**ROXANNE KELLEY** 

SUBSCRIBED and SWORN before me on this 4th day of October, 2019, by Roxanne Kelley November 14th

NOTARY PUBLIC, in and for the

STATE OF NEVADA, COUNTY OF LINCOLN



Notary State of Nevau My Commission Expires, 12-10-19 Certificate No: 08-5566-11



M. HOWARD Notary Public State of Nevada My Commission Expires: 12-10-19 Certificate No: 08-5566-11



## **DEPARTMENT OF HUMAN RESOURCES**

**DIVISION OF HEALTH** VITAL STATISTICS

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

*		STATE R	EGISTRAR	N	o.239560
	28e. 28f.	building, etc. (Sp	28g.		
1	28a. 28b.	28c. DE OF INJURY—At home, farm, huilding sto /So	street, factory, office LOCATION.	STREET OR R.F.D. No. CI	TY OR TOWN STATE
\	OR PENDING INVEST. (Specify)	/ / /		INJURY OCCURRED	
	11		<u> </u>	26. NO	No) CORONER (Specify Yes or No) 27. NO
USE OF DEATH	PART OTHER SIGNIFICANT COND		g to death but not resulting in the underlying	cause given in Part 1. AUTOPSY (Sp	ecity WAS CASE REFERRED TO
	(c) Aortic Ste	- Annual Control of the Control of t			Interval between onset and death Years
<b>⊬</b> ≽	(b) Congestive	Heart Failur	e		Years
USE LAST	DUE TO, OR AS A CON			<del></del>	• Interval between onset and death
CAUSE ATING THE DERLYING	PART (a) Respirator	N. N.	A total total total		Interval between onset and death  Immediate
HICH GAVE RISE TO MEDIATE	24a. (Signature) 25. IMMEDIATE CAUSE (ENTER)	ONLY ONE CAUSE PER LINE H	24b./01-20-04	24c. YES□	M M M
NDITIONS IF ANY	REGISTRAR			EGISTRAR (Mo., Day, Yr.) DEATH DUE TO C	
			P.O. Box 1010	A 10 .	23b. 10509
		CERTIFIER (PHYSICIAN, ATTEN	NDING PHYSICIAN, MEDICAL EXAMINER,	22d, ON CORONER) (Type or Print)	22e. AT LICENSE NUMBER
	지 NAME OF ATTENDING PHY	SIÇIAN IF OTHER THAN CERT	FIFIER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
RTIFIER	21b. 01-20-04	"\ 2i6, 153	30 Hillio	22b.	22c.
	ATTENDING PHY  21d. To the best of my knowfedge due to the cause(s) stated.  (Signature and Title)  DATE SIGNED (Mo., Day, Y  21b. 01-20-04  NAME OF ATTENDING PHY  21d.  21d.	HOUR OF D	EATH C	(Signature and Title)	HOUR OF DEATH
• [	ZZ dia. To the best of my knowledge due to the cause(s) stated.	e, death occurred at the timer da	ite, and place and	22a. On the basis of examination and/or invalid at the time, date and place and due to	restigation, in my opinion death occurred the cause(s) and manner stated.
· [	20a. 1 1 1 1 1	20b. 1	.5 20c. 730 Front	Street Caliente,	Nevada 89008
POSITION	19a. Cremation FUNERAL DIBECTOR SIGNATURE (Or Person Acting by Such)	FUNERA	Desert Grematory L DIRECTOR NAME AND ADDRESS OF	190 Las Ve	gas, Nevada ral Home, Inc.
	BURIAL, CREMATION, REMOVAL, OTH	1.1	RY OR CREMATORY—NAME	LOCATION	City or Town State
	18a Nellie J. Carpe	enter	18b. HC 34 Box 3	32 Caliente, Nevada	
	INFORMANT—NAME (Type or Print)	Monroe Ca	irpenter 17. MAILING ADDRESS	Delia (Street or R.F.D. No., City or Town	Boley , State, Zip)
ARENTS		Monroe Co	Last MOTHER—M		Middle Last
		Lincoln	150 Caliente	15d. 4 Sharon St	
		UNTY WELLER,	CITY TOWN, OR LOCATION	14b Construction	INSIDE CITY LIMITS
REGARDING COMPLETION OF RESIDENCE ITEMS	13.	Working Life, Even if Heli	Sive Kind of Work Done During Most of Ired) Plumber/Pipefitte	2. J. 17 N. N.	
F INSTITUTION SEE HANDBOOK	9a. Colorado SOCIAL SECURITY NUMBER	9b. U.S.A.	(10.1.8)	(Specify) Married	12 Nellie J. Hurtger
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COU			SURVIVING SPOUSE (If wife, give maiden name
	indian, etc.) <i>(Specify)</i> 5. White	specify Mexican, Cuban, Pue 6.	origin? Specify ☐ yes 🕅 no If yes, Birthda 7a. 9	y (Years) MOS DAYS HOURS	
ECEDENT	3b. Caliente  RACE—(e.g., White, Black, American Indian, etc.) (Specify)		C. Dils Medical Cen		1. 1
BLACK-INK	CITY, TOWN OR LOCATION OF DEAT		ER INSTITUTION—Name (If not either, give	e street and number)  If Hosp. or Inst. Indic	ale DOA OP/Emer   SEV
OR PRINT IN PERMANENT	1. Linzy	Monroe	CARPENTER	2 January 18, 2004	
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
				1 1	



**I3198** 

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:

JAN 2 7 2004

STATE REGISTRAR



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**DEPARTMENT OF HEALTH AND HUMAN SERVICES** 

# DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2012020363

∯* 2TYPE OR ∶.	STATE FILE NUMBER						
PRINT IN	1a. DECEASED NAME (FIRST, MIDDLE, LA	ST,SUFFIX)	2. DATE OF DEATH (Mo/Day	Year) 3a. COUNTY OF DEATH			
PERMANENT	Nell Josephine	CARPENTER	December 03, 20				
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEAT	H 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not eith	er, give street 3e.if Hosp, or inst, in inpatient(Specify)	ndicate DOA,OP/Emer. Rm. 4, SEX			
DECEDENT	Caliente	Grover C Dils Medical Center		Inpatient Female			
DECEDENT	5. RACE White	6. Hispanic Origin? Specify 7a. AGE-Last.	7b. UNDER 1 YEAR 7c. UND	ER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr)			
·	(Specify)	No - Non-Hispanic birthday (Years	94 MOS DAYS HOURS	November 10, 1918			
IF DEATH	9a. STATE OF BIRTH (If not U.S.A., 9b	. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRI	ED, NEVER MARRIED, WIDOWED,				
OCCURRED IN	name country) Colorado	United States 13 DIVORCED	0.71	maiden name)			
SEE HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER 148. USUAL OCCUPATION (Give Kind of Work Done During Most 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armo						
COMPLETION OF		Working Life, Even if Retired) Layout Technician	Newsp	Paper Forces? No			
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. COUN		15d. STREET AND NUMBER	LIMITS (Specify Yes			
·>		Lincoln Caliente	3125 Sharon Street	or No) No			
PARENTS	16. FATHER/PARENT - NAME (First Middl		HER/PARENT - NAME (First Middl	e Last Suffix) RISTENSEN			
		HURTGEN		The state of the s			
	18a. INFORMANT- NAME (Type or Print)  Roxanne KELLI		it or R.F.D. No, City or Town, State, 2 IC 34 Box 32 Caliente, Neva				
		HER (Specify) 19b. CEMETERY OR CREMATORY NAME		OCATION City or Town State			
ISPOSITION		Southern Utah Cre		Cedar City Utah 84720			
-	20a. FUNERAL DIRECTOR - SIGNATURE	(Or Person Acting as Such)   20b. FUNERAL   20	c. NAME AND ADDRESS OF FACIL				
i i	TODD BOY	ER DIRECTOR LICENSE	7 - 7 - 7 - 1	Nevada Mortuary			
	SIGNATURE AUT	HENTICATED 807	730 Front Stree	t Callente NV 89008			
RADE CALL	TRADE CALL - NAME AND ADDRESS		/_/				
	21a. To the best of my knowledge, do due to the cause(s) stated. (Signature)	eath occurred at the time, date and place and he was 22a re & Title) SIGNATURE AUTHENTICATED X W the	. On the basis of examination and/or time, date and place and due to the c	investigation, in my opinion death occurred at cause(s) stated. (Signature & Title)			
<u>.</u>	JOH!	aeth occurred at the time, date and place and res & Title) SIGNATURE AUTHENTICATED WITH R. ROGERS 221c HOUR OF DEATH 22 22 22t					
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr)		. DATE SIGNED (Mo/Day/Yr)	22c, HOUR OF DEATH			
	December 03, 2012	05	L DEGLIGHT DELA (14-E) - M	224 DRONOLINCED DEAD AT (Hour)			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Dey/Yr) 22e. PRONOUNCED DEAD AT (Hour)						
	23a, NAME AND ADDRESS OF CERTIFIER	(PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINE	R, OR CORONER) (Type or Print)	23b. LICENSE NUMBER			
		JOHN R. ROGERS PO Box 1010 Caliente,	NV 89008	1770589186			
REGISTRAR	24a. REGISTRAR (Signature)	NICOLE SHORE 24b. DATE RE		DEATH DUE TO COMMUNICABLE DISEASE			
	SIG	NATURE AUTHENTICATED	December 28, 2012	YES NO X			
CAUSE OF		ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
DEATH	(0)	ascular Accident	H = H H = H = H = H = H = H = H = H = H	1 Day			
,	DUE TO, OR AS A CONS Hypertension	EQUENCE OF:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval between onset and death Years			
CONDITIONS IF ANY WHICH	DUE TO, OR AS A CONS	EQUENCE OF					
GAVE RISE TO IMMEDIATE	DUE TO, OR AS A CONS	. ). 1.1 24 2.2		Interval between onset and death			
CAUSE ->	(c) DUE TO, OR AS A CONS	FOUENCE OF		Interval between onset and death			
UNDERLYING CAUSE LAST	(4)						
7	DART II OTHER SIGNIFICANT CONDITION	NS-Conditions contributing to death but not resulting in the un	derlying cause given in Part 1.	28. AUTOPSY 27. WAS CASE REFERRED			
/ /	Generalized Debility			(Specify Yes or No) TO CORONER (Specify Yes or No) NO			
. / /	289. ACC., SUICIDE, HOM., UNDET. 128b. DATE OF INJURY (Mo/DowY) 128c. HOUR OF INJURY 128d. DESCRIBE HOW INJURY OCCURRED						
	OR PENDING INVEST. (Specify)		gradi /				
		CE OF INJURY- At home, farm, street, factory, office 28g. LC	CATION STREET OR R.F.D.	No. CITY OR TOWN STATE			
	Yes or No) building,	etc. (Specify)					
ω <u></u>	<del></del>	STATE REGISTR	AR				
870		STATE REGISTRO	= -				

/RS-Rev-201205234



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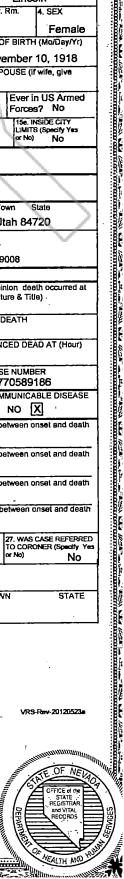
### CERTIFIED COPY OF VITAL RECORDS

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DATE ISSUED:

12/28/2012

SIGNATURE AUTHENTICATED



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