

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  
Total:\$35.00      11/04/2019 10:13 AM  
ROXANNE KELLEY      Pgs=4 KE



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    )

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.

DATED this 4<sup>th</sup> day of ~~October~~ <sup>NOVEMBER</sup>, 2019.

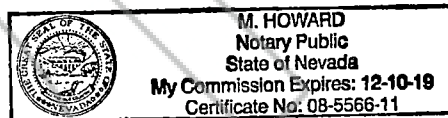
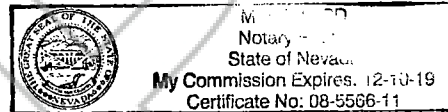
*Roxanne Kelley*

ROXANNE KELLEY

SUBSCRIBED and SWORN before me on this 4<sup>th</sup> day of ~~October~~ <sup>November</sup>, 2019, by Roxanne Kelley ~~\*\*\*~~

*M. Howard*

NOTARY PUBLIC, in and for the STATE OF NEVADA, COUNTY OF LINCOLN



CERTIFICATION OF VITAL RECORD

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

Form with fields for DECEASED-NAME, DATE OF DEATH, COUNTY OF DEATH, RACE, BIRTH, OCCUPATION, PARENTS, FATHER, MOTHER, BURIAL, FUNERAL DIRECTOR, CERTIFIER, REGISTERAR, IMMEDIATE CAUSE, PART I, PART II, ACCIDENT, INJURY AT WORK, etc.

STATE REGISTRAR

No. 239560

13198

CERTIFIED COPY OF VITAL RECORDS

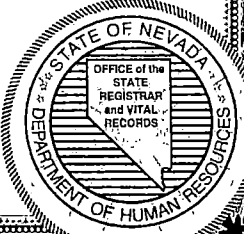
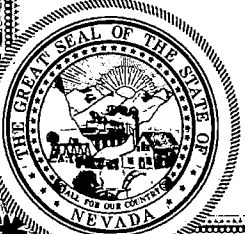
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DATE ISSUED:

JAN 27 2004

STATE REGISTRAR

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Signature of Yvonne Saylor

# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH

#### VITAL STATISTICS

### CERTIFICATE OF DEATH

2012020363

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Nell Josephine CARPENTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 03, 2012</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>94</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>November 10, 1918</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>Colorado</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Layout Technician</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
DISPOSITION	15d. STREET AND NUMBER <b>3125 Sharon Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph HURTGEN</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Lillie CHRISTENSEN</b>		18. INFORMANT- NAME (Type or Print) <b>Roxanne KELLEY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>HC 34 Box 32 Caliente, Nevada 89008</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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) <b>JOHN R. ROGERS</b> 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) <b>December 03, 2012</b>	
	21c. HOUR OF DEATH <b>07:07</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Physician JOHN R. ROGERS PO Box 1010 Caliente, NV 89008</b>		23b. LICENSE NUMBER <b>1770589186</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 28, 2012</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>Acute Cerebrovascular Accident.</b>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Hypertension</b>		Interval between onset and death <b>1 Day</b>		Interval between onset and death <b>Years</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death		Interval between onset and death	
	DUE TO, OR AS A CONSEQUENCE OF: (d)		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. <b>Generalized Debility</b>		28. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		
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		

STATE REGISTRAR

### 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: **12/28/2012**

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*R. D. White*  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

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