

APN: 001-032-08
When Recorded, Mail to:
Mail Tax Notices to:
JACQUELYN M. DILLARD
502 N. Orleans Street
Henderson, NV 89015



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT - TERMINATION OF JOINT TENANCY
(Death of a Joint Tenant)

JACQUELYN M. DILLARD, after being first duly sworn, deposes and says:

That ANTHONY K. DILLARD & JACQUELYN M. DILLARD, husband and wife, with rights of survivorship are named as joint tenant grantees in that certain deed recorded on July 18, 2003, as Document Number 120525, as shown in the Official Records of Lincoln County, State of Nevada, describing the following property:

Legal Description: Parcel of land situated within Block 42, of the town of Pioche, Sec. 22, T.1 N, R. 67 E, M.D.M. Lincoln County, Nevada, being more particularly described as follows:

Lots 5, 6, 7, 8, 9, 10 & 11 in Block 42 with the exception of parcel of land containing .45 acre as seen on Boundary Line adjustment map, Instrument number 119166, Book Plat B, Page 456 recorded in the Lincoln County Records on December 4, 2002.

As seen on Map of Survey Boundary Line Adjustment for Sandra Bition recorded in the Book of Records in the Auditor/Recorders Office of Lincoln County Book B Page 109, Document Number 110952

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That ANTHONY K. DILLARD died on August 26, 2019, and is the same person as ANTHONY KENT DILLARD named on the certified Death Certificate, attached hereto, thereby

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JACQUELYN M. DILLARD as the survivor to the real property aforementioned.

Witness Affiant's hand on ~~November~~ ^{December} 2, 2019.

Jacquelyn M Dillard
JACQUELYN M. DILLARD

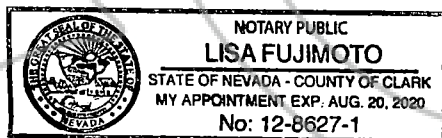
STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

On this 2nd day of ~~November~~ ^{December}, 2019, before me the undersigned, a Notary Public in and for the said State, personally appeared JACQUELYN M. DILLARD personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that Affiant executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Lisa Fujimoto

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4099954

2019017790
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) Anthony Kent DILLARD		2. DATE OF DEATH (Mo/Day/Year) August 26, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and 502 North Orleans Street Inpatient(Specify) Home		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Inspector		14b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION - PUBLIC	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 502 North Orleans Street		15e. INSIDE-CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) November 08, 1942	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harry DILLARD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Angela MORTENSEN		
18a. INFORMANT- NAME (Type or Print) Kurits DILLARD		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 506 North Orleans St Henderson, Nevada 89015			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Crementation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) KRISTEN E ANDERSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD860		20c. NAME AND ADDRESS OF FACILITY Sunrise Cremation Society 401 Max Court Henderson NV 89011	
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) CHRISTINA M DI-LORETO MD 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) September 10, 2019		21c. HOUR OF DEATH 09:05		22b. DATE SIGNED (Mo/Day/Yr) August 26, 2019	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD AT (Hour) 09:05		22d. PRONOUNCED DEAD AT (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Christina M Di Loreto MD 1704 Pinto Lane Las Vegas, NV 89106				23b. LICENSE NUMBER 17849	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 10, 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).) / Interval between onset and death					
PART I (a) Arteriosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF					
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
(d) DUE TO, OR AS A CONSEQUENCE OF					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Diabetes Mellitus				26. AUTOPSY (Specify Yes or No) No	
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

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **SEP 13 2019**

Registrar of Vital Statistics

By: *Kendallism*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE