

After recording please return to:

Name: Dominique Stone
 Address: 1317 OLD SHARP LN
 City, State, Zip: Hiko, NV, 89017
 Phone: 702-271-4052
 Assessor's Parcel Number: 011-220-02

LINCOLN COUNTY, NV 2020-157941
 Rec:\$37.00
 Total:\$37.00 01/07/2020 09:14 AM
 DOMINIQUE SLOAN Pgs=3 KE



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

Dominique Stone, 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 Dominique Stone, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on JULY 23, 1997, as Document No. 109433, in Book 129, Page(s) 293, 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 1317 OLD SHARP LANE, HIKO NV 89017 and described as follows: A Portion of NWA SE 4 Section 32 Township South, Range 61 East NDM. Being Lot 4 of Parcel Map Dec No. 011-220-02 Lincoln county, NV. Records, Being more specifically described as follows: Commencing at the East 1/4 Corner of said Section 32; Thence No. 88° 48' 51" W a distance of 1817.68 Feet; Thence S 7° 48' 36" E a distance of 30.37 Feet to the true point of beginning; Thence continuing S 7° 48' 36" E a distance of 256.76 feet; Thence S 87° 53' 27" W a distance of 113.61 Feet; Thence N 1° 40' 45" W a distance of 279.45 Feet; Thence S 88° 48' 51" E a distance of 416.69 feet to the true point of Beginning; This parcel contains 2.636 acres more or less

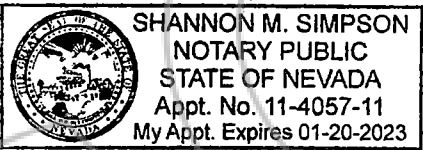
4. ELLECIA SLOVE, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my WIFE.
6. This 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 Dominique Slove, as sole owner.

DATED this 7th day of JANUARY, 2020.

Dominique Slove
Affiant

State of NV, County of Lincoln
Subscribed and Sworn to before me on this
7th day of January, 2020 by
Dominique Henri Slove.

Shannon M. Simpson
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. 3889314

CERTIFICATE OF DEATH

2016007054

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) Paige Ellecia SLONE		2. DATE OF DEATH (Mo/Day/Year) April 16, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Hiko		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address) 1317 Old Sharp Lane		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 65		8. DATE OF BIRTH (Mo/Day/Yr) November 30, 1950	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
9a. STATE OF BIRTH (If not US/CA, name country) Texas		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dominique Henri SLONE			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Interior Designer		14b. KIND OF BUSINESS OR INDUSTRY Design	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Hiko	
15d. STREET AND NUMBER 1317 Old Sharp Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Elliott POWERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Virginia GLADER		
18a. INFORMANT - NAME (Type or Print) Dominique H SLONE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1317 Old Sharp Lane Hiko, Nevada 89017			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Utah Cremation Service		19c. LOCATION City or Town State St. George Utah 84770	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV. 89008	
TRADE CALL - NAME AND ADDRESS: McMillan Mortuary 285 West Tabernacle Street St. George UT 84770					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MINESH AMIN 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) April 19, 2016		21c. HOUR OF DEATH 04:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Minesh Amin 6655 W Sahara Ave Las Vegas, NV 89146			
23b. LICENSE NUMBER DO1591		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 20, 2016		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) Grade IV Astrocytoma (Glioblastoma)				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (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

624074

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:

4/20/2016

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

