

After recording please return to:

Name: Stephanie Harris  
Address: P.O. Box 314  
City, State, Zip: Alamo Nevada 89001  
Phone: (702) 592-4204  
Assessor's Parcel Number: 004-131-18



OFFICIAL RECORD  
AMY ELMER, RECORDER

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

Stephanie Harris, being first duly sworn, deposes and states:

1. 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.
2. I am \_\_\_\_\_, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on \_\_\_\_\_, as Document No. 0133726, in Book A-1, Page(s) 124, 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 \_\_\_\_\_, and described as follows:

Lot thirty five (35) of Alamo South Subdivision Tract No. 1 unit No. 1 in the County of Lincoln, State of Nevada, as shown by map thereof on file in Book A-1 of Plats, Page 124,

4. Sherida Lynn Cochran, (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 mother.
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 \_\_\_\_\_, as sole owner.

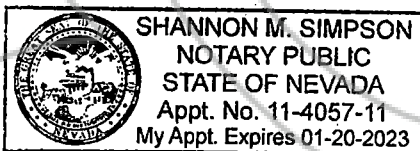
DATED this 28 day of February, 2020.

Stephanie Harris  
Affiant

State of Nevada )  
County of Lincoln )

Subscribed and Sworn to before me on this  
28th day of February, 2020 by  
\*\* Stephanie Ann Harris \*\*

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**

**CERTIFICATE OF DEATH**

CASE FILE NO. 4069090

2019003811  
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)<br><b>Sherida Lynn COCHRAN</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>February 25, 2019</b>   |  | 3a. COUNTY OF DEATH<br><b>Clark</b>   |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Las Vegas</b>  |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or<br><b>Nathan Adelson Hospice-Tenaya</b> |  | 3d. If Hosp. or Inst: indicate DOA, OP/Emer., Rm.<br>Inpatient(Specify)<br><b>Hospice Facility: (HFS)</b>   |  |
| 4. SEX<br><b>Female</b>   |  | 5. RACE: (Specify)<br><b>White</b>   |  | 6. Hispanic Origin? Specify<br>No - Non-Hispanic  |  |
| 7a. AGE-Last birthday (Years)<br><b>69</b>  |  | 7b. UNDER 1 YEAR<br>MOS DAYS   |  | 7c. UNDER 1 DAY:<br>HOURS MINS  |  |
| 8. DATE OF BIRTH: (Mo/Day/Yr)<br><b>May 25, 1949</b>  |  | 9a. STATE OF BIRTH: (If not US/CA,<br>name country)<br><b>Nevada</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |  |
| 10. EDUCATION<br><b>12</b>  |  | 11. MARITAL STATUS (Specify)<br><b>Widowed</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of<br><b>HOMEMAKER</b>                               |  | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>OWN-HOME</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Lincoln</b>  |  | 15c. CITY, TOWN OR LOCATION<br><b>Alamo</b>   |  |
| 15d. STREET AND NUMBER<br><b>368 Theresa Lane</b>   |  | 15e. INSIDE CITY<br>LIMITS (Specify Yes<br>or No)<br><b>Yes</b>  |  | 16. FATHER/PARENT - NAME (First, Middle, Last, Suffix)<br><b>Joel Leroy SHUMWAY</b>   |  |
| 17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix)<br><b>Nedra WADSWORTH</b>  |  | 18a. INFORMANT - NAME (Type or Print)<br><b>Stephanie HARRIS</b>   |  | 18b. MAILING ADDRESS: (Street or R.F.D. No, City or Town, State, Zip)<br><b>7517 Council Avenue Las Vegas, Nevada, 89128</b>  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Hiko Cemetery</b>  |  | 19c. LOCATION City or Town State<br><b>Hiko Nevada 89017</b>  |  |
| 20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)<br><b>DAVID F HOLT</b><br>SIGNATURE AUTHENTICATED  |  | 20b. FUNERAL DIRECTOR<br>LICENSE NUMBER<br><b>FD866</b>  |  | 20c. NAME AND ADDRESS OF FACILITY<br><b>Palm Mortuary-Cheyenne</b><br><b>7400 W Cheyenne Las Vegas NV 89129</b>   |  |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due<br>to the cause(s) stated. (Signature & Title)<br><b>MIKE JEONG DO</b><br>SIGNATURE AUTHENTICATED  |  |  |  |   |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>February 27, 2019</b>  |  | 21c. HOUR OF DEATH<br><b>13:50</b>   |  | 22a. On the basis of examination and/or investigation, in my opinion, death occurred<br>at the time, date and place and due to the cause(s) stated. (Signature & Title) |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER<br>(Type or Print)   |  | 22b. DATE SIGNED (Mo/Day/Yr)   |  | 22c. HOUR OF DEATH  |  |
| 21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER<br>(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)<br><b>Mike Jeong DO, 9811 W Charleston Las Vegas, NV, 89117</b>   |  |  |  | 23b. LICENSE NUMBER<br><b>DO1024</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>NANCY BARRY</b><br>SIGNATURE AUTHENTICATED   |  | 24b. DATE RECEIVED BY REGISTRAR<br>(Mo/Day/Yr)<br><b>February 28, 2019</b>                                     |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c),<br>PART I<br>(a) <b>Cerebral Vascular Accident</b> Interval between onset and death<br>DUE TO, OR AS A CONSEQUENCE OF<br>(b) <b>Hypertension</b> Interval between onset and death<br>DUE TO, OR AS A CONSEQUENCE OF<br>(c) Interval between onset and death<br>(d) 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.  |  |  |  | 26. AUTOPSY (Specify Yes or No)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><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  |  |   |  |

LOCAL REGISTRAR

"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: **MAR 21 2019**

Registrar of Vital Statistics

By: *[Signature]*

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

VRS-Rev-20120523a

