Total:\$37.00 Pgs=3 AK STEPHANIE HARRIS After recording please return to: Name: Address: OFFICIAL RECORD AMY ELMER, RECORDER Alamo Nevada 89001 City, State, Zip: Phone: Assessor's 004-131-18 Parcel Number -Above This Line Reserved For Official Use Only AFFIDAVIT TERMINATING JOINT TENANCY Pursuant to NRS 40.525(5) and NRS 111.365 ephanie Harn's being first duly sworn, deposes 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. , the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on , as Document No. 0133726 , Page(s) 125 , 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: in the County of Lincoln State day as Shown by map thereoA

2020-158131

02/28/2020 10:19 AM

LINCOLN COUNTY, NV

Rec:\$37.00

4.	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 <u>mother</u>
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.
	Lighanie Farur Affiant
State	e of <u>Nevada</u> nty of <u>Lineola</u>
28 ** 3	Scribed and Sworn to before me on this But day of February, 2020 by Stephanie Ann Harris XX Thank M. Manhor By Public SHANNON M. SIMPSON NOTARY PUBLIC STATE OF NEVADA Appt. No. 11-4057-11 My Appt. Expires 01-20-2023



CASE FILE NO. 4069090

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

CERTIFICATE OF DEATH

ude udea

2019003811

TYPE OR							
	1a. DECEASED-NAME (FIRST, MIDDLE, L	AST SUFFIX)		20DATE OF DEATH	I (Mo/Day/Year)	a. COUNTY OF DEATH	
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PERMANENT		Nationalist new also		Eedruary.	25, 2019	Ulaik	
BLACKINK	3b. CITY, TOWN, OR LOCATION OF DEA	TH 3c HOSPITAL OR OT	HER INSTITUTION Name(If no	either, give street an 3e.if Hosp	. or Inst. indicate DOA	OP/Emer Rm. 4: S	EX
\$ \$	*****		an Adelson Hospice-Ter	www	specity)	A 5.5 "W W (5.67)	<i>i</i> 1
DECEDENT	Las Vegas				Hospice Facility	((III-0))	emale
DECEDENT	5. RACE (Specify)			ast birthday 7b. UNDER 1 YEAR	7c. UNDER 1 DAY::	8. DATE OF BIRTH (Mo	/Day/Yr)
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OCCURRED IN	name country) Nevada	United State	s 12 12 1	::Widowed			8 4W A
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REGARDING	15, SUCIAL SECURITY NUMBER	14a. 030AL 0000FA1101				Forces?	
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ITEMS.	15a. RESIDENCE - STATE 15b. COU	INTY 15c	CITY, TOWN OR LOCATION	15d. STREET AND NUMBER		15e. INSIDE LIMITS (Spe	cify Yes
		Lincoln	Alama III	368 Theresa Lan			Yes
	TO VOICE					. Ph	
DADENTO	16. FATHER/PARENT - NAME (First Mid			MOTHER/PARENT - NAME (F			. :
PARENTS	Joël Ler	oy SHUMWAY		Med Ned	ra WADSWOF	RTH WE TEN TO	8. i
	18a. INFORMANT- NAME (Type or Print)	*	186 MAILING ADDRESS	Street of R.F.D. No, City or Tow	n. State. Zip)	A.W. 12.W. 11.1 14	
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9	Stephanie HAR	4		17 Council Avenue Las			3
3 000 000 000 000 000 000 000 000 000 00	19a BURIAL CREMATION REMOVAL, C	OTHER (Specify) 19b. CEM	IETERY OR GREMATORY - NA	ME	19c. LOCATION"	City or Town State	- 3
DISPOSITION	Burial		Hiko Cem	etery	یران Hik	o Nevada 89017	
	20a. FÜNERAL DIRECTOR SIGNATURE	CorDornon Antibin on Corn	7,007 8.3. 7,000 6.1	with the state of	700 F.60		M
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\$	DAVID F H	OLI .				The second second	
S riad Lancia	SIGNATURE AU	THENTICATED	**************************************	7400 VV C	Cheyenne Las Ve	jas NV 89129	N <u>8.2</u> 01
TRADE CALL	TRADE CALL NAME AND ADDRESS:			WW 1245 Vg			F V. HAG
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	to the cause(s) stated (Signature &		E AUTHENTICATED 12	at the time, date and place and due			
8 /	in the canacia) stateh (signature or	(E JEONG DO		Et the time, delic and piece and del		(Digital a a Tillo)	
X / <u>wasan</u>	Ф Т · · · · · · · · · · · · · · · · · ·		DEATH OF STATE OF STA	22b. DATE SIGNED (Mo/Day/		HOUR OF DEATH	H.m.
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr)	2000		220, DATE SIGNED (NODAY)	2200	TOOK OF DEATH	
3 /	§ ₹ February 27, 2019		13:50	6-11-60 Agta: Agta: Agta:	1.172	<u> </u>	
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			10 0 W. 400 1				
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	23a: NAME AND ADDRESS OF CERTIFIE				or Print) 23	Bb. LICENSE NUMBER	
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REGISTRAR	Mike	e Jeong DO: 9811 W	/ Charleston Las Vegas;	NV: 89117	24c. DEATH DU	DO1024 IE TO COMMUNICABLE	DISEASE
å. No vin 2.50.	24a. REGISTRAR:(Signature) \ SI	Deong DO::9811:W NANCY BARR SNATURE AUTHENTIC	/ Charleston Las Vegas; LY 24b. DAT (Mo/Day)	NV: 89117 E RECEIVED BY REGISTRAR (1) February 28, 2019	24c. DEATH DU	DO1024 JE TO COMMUNICABLE NO X	
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LOCAL REGISTRAR

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"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.

:Registrar:of Vital Statistics



DATE ISSUED: MAR 2 1 2019

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 88127 702-759-1010 · Tax ID # 88-0151573