After recording position Name: Address: City, State, Zip: Phone:	Susan Maril Blan   Do Sox 228	LINCOLN COUNTY, NV Rec:\$37.00 Total:\$37.00 SUSAN MARIE BEAN 00005141202001586840 OFFICIAL RECORD AMY ELMER, RECORDE	2020-158684 06/29/2020 03:41 PM Pgs=3 KE
Assessor's Parcel Number	003-033-05		\ \
· 		Above This Line Reserved For C	Official Use Only
	AFFIDAVIT TERMINATING Pursuant to NRS 40.525(5) a		
State of Nev County of Lin	coln	hain of first du	day guyama, danagaa
and states:	in marie Bean	, being first du	lly sworn, deposes
2. I am		t certain Joint Tenancy I Document No. 013375	the same person  Deed recorded on
Nevada and desc block at pa thence which is said to	perty described in the above-reference commonly known as 233 All ribed as follows: Commencing 47, N side addition to the 36 of Plats; 2 North along W side line of 5 true point of Desinning; Then thence N along W side line E a distance of 131.17'to Sa distance of 82.7' to	said Lot a distance we of said lot a distance we said lot a distance of said lot a distance	nte NV 89008 of Lot1, In VV on 11/10/1900 of 82.7; W side line, tance of 83.7; t Lot;
	· .		

4.	R.A. Brady , (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 hushand.
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 Susan marte Bean, as sole owner.
	DATED this $29$ day of Juhe, $2020$ .
	Affiant Susan marie Bean
Stat	e of NV, County of Lincoln
Subscri 294h	bed and Sworn to before me on this day of <u>June</u> , 2020 by
<u>Ma</u> Notary	Public
	SHANNON M. SIMPSON NOTARY PUBLIC STATE OF NEVADA Appt. No. 11-4057-11 My Appt. Expires 01-20-2023



## COUNTY of SAN BERNARDING

**DEPARTMENT OF PUBLIC HEALTH**351 N.MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

9	STATE FILE NUMBER	CERTIFICATE OF STATE OF CALIFORN USE BLACKINK ONLY HO ENJOYEES, WHITE STATE OF THE	DEATH A COUTE OR ALTERATIONS	32020360	45 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Į.	RICHARD 2.4	ADDLE LAN	3. LAST (Fem BRAD)	(					
PERSONAL DAT	RA BRADY	06	ATE OF BIRTH MYVOUVCCYV 5 5/09/1946	AGE Y/s. IF UNDER ONE YEAR Days	Hears Manutes M				
	B. BIRTH STATE/FOREIGN COUNTRY     CA:		WARRIED"	* (At Time of Deetly 7, DATE OF DEATH IT 05/12/2020	1237				
EDENT	13: EDUCATION - Highert Level Degree   14/15, WAS DECEDENT HISPANICALATINO(A (New World See Low)   YES   YES	<b>X</b>	WHITE	Up to 3 races may be listed (see works)					
DEC	17, USUAL OCCLEATION - Typ4 of work for most of Use. DO NOT USE RETIFIED MECHANIC	16. KIND OF BUSINESS MOTORCYC		e, road objetniction, employment agenc	19. YEARS IN OCCUPATION				
2.8	20. DECEDENT'S RESIDENCE (Street and number, or location) 7 SHERRIL LANE	V 2000 200 200 200 200 200 200 200 200 2							
	21, GTY   22, COUNTY/PF			24 CA	GN COUNTRY				
INFOR-	26. INFORMANT'S NAME; RELATIONSHIP SUSAN BEAN, SPOUSE	7 SHERI	RIL LANE, REDL	NDS, CA 92373	wn, state and zip)				
AND	28. NAME OF SURVIMING SPOUSE/SROP-FIRST 28. MIL SUSAN MAI	betrette to tree to the tr	BEAN	6 / W W W / / W					
E/SRDP.	31. NAME OF FATHER/PARENT-FIRST 32. MIT. WILLIAM HEI	DDLE W.	SLUST BRADY		34, BERTH STATE				
SPOUS	35. NAME OF MOTHER/PARENT-FIRST 36, MIL		37. LAST (BURTH NAM	E)	38, BIRTH STATE				
TOR/	38. DISPOSITION DATE: ###88000099 40. PLACE OF FINAL DISPOSITION F 05/27/2020 7. SHERRIL LANE, F	RES SUSAN BEAN REDLANDS, CA 9237	73						
1 DIREC REGIST	43. TYPE OF DISPOSITION(S)  CR/RES	42. SIGNATURE OF EMBALME	1/ 1/10 1/10/		43. UCENSE NUMBER				
FUNER	44 NAME OF FUNERAL ESTABLISHMENT SIMPLICITY	45. LICENSE NUMBER 46. SI	GNATURE OF LOCAL RECUSTRA		47-DATE mn/dd/ccyy 05/27/2020				
101 PLACE OF DEATH. 102 IF HOSPITAL SPECIFY ONE 103 IF OTHER THAN HOSPITAL SPECIFY ON 104 IF HOSPITAL									
PLACE		ATION WHERE FOUND (Street and num	ibar, or location)	106.GTY REDLA	niyinwa				
ű.	107. CAUSE OF DEATH Enter the chain of www.s. — diseases in a carded press, respectiony error, or ve	butes, or complications — that directly have strictly dorllation without showing the cli- MALICNANT	ned death, DO NOT write (eminal ology, DO NOT ABSPELVATE,	avenits supply Time lateral Pets Creef and Decr	OF THE OBATH PREPARATED TO COMOVERTO				
	Find disease or condition resulting in death)	<del></del>	<u> </u>	MONTI	109. BIOPSY PERFORMENT				
NEW .	Sequentially, list conditions, it any, leading to cause (C) on 'Lhe A Enter (C)				YES X NO				
E OF DE	UNDERLYING CAUSE (decise or livery that I villated the events  [1]	West Agents		with the second	YES X NO				
CAUS	tosulting in death) LAST	RESULTING IN THE UNDERLYING CAL	SE GIVEN IN 107		YES: NO				
	119, OTHER SIGNAPCANT CONDITIONS CONTRIBUTING TO DEED BUT NOT HYPERTENSION, DIABETES MELLITUS  113, WAS OPERATION PERFORMED FOR ANY CONDITION IN 11EM 107 OR 11.		A.2''V 1.00VA		ISA IF FEMALE, PREGNANT IN LAST YEAR?				
7	NO WAS A WILLIAM			116 UCENSE N	YES NO LINK				
FICATION	114. I CERTIFY THAT TO THE BEST OF MY INNOVALEDGE BEAR TO COURRED AT THE MOUR, DATE AND PLACE STREET PROVI THE CAUSES STATES.  Department Almored Sizes Decedent Last Seen Alve  SUS  White Institute Sizes States  118. TYPE	SANA GALAVIZ-BAR Attending Physician's name, ma	CELO M.D.	Δ10606	1 05/26/2020				
CERT	104/17/2020 ::::05/12/2020 :::: 19961	SIERRA AVE. FONT	ANA. CA 92335		IE mm/dd/teys   122. HOUR 21 Hours				
	119, I CERTIFY THAT IN MY OTRION DERHOCCURRED AT THE HOUR, DATE, AND PLAC  MANNER OF CEATH Natural Accident Homische Sit.  173, PLACE OF INJURY (A.g., hours, construction site, wooded lives, etc.)	itiole Prinding Co. Investigation den		NO Direc	Y. Levense X.				
USE ONLY	123. PLACE OF INJURY (e.g., home, construction site, wooded web, etc.)  124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)								
CORONER'S USE				W					
80	128, SIGNATURE OF CORONER / DEPUTY CORONER	127. DATE mm/dd/	DOWN 128 TYPE NAME: TI	ILE OF CORONER / DEPUTY CORONE					
Marine, and the second	I In Indiana	**************************************							
REGIS	STRAR	* 24	110001004547727***						
776	CERTIFIED COPY OF VITAL RECORD								

COUNTY OF SAN BERNARDINO SS

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDING DEPARTMENT OF PUBLIC HEALTH



REGISTRAR OF VITAL STATISTICS \* 0 0 2.8 1.5 5 4 8

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

