



OFFICIAL RECORD  
AMY ELMER, RECORDER

After recording please return to: )  
Name: Richard C Lund Jr. )  
Address: 918 Hollowbluff Ave )  
City, State, Zip: North Las Vegas NV 89031 )  
Phone: 702 395 7315 )  
702 217 0869 )  
Assessor's Parcel Number 10-181-11 )

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

Richard C Lund, 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 Richard C Lund, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on March 15, 2000, as Document No. 114221, in Book 147, Page(s) 33, 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 Rachel, NV 89001 and described as follows: Physical Address: 5675 Hilltop Drive Rachel, NV 89001

"Legal Description":  
Lot # 6 of Sunset Acres, tract 2 (Rachel Community)

4. Romona J. Lund, (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 Richard C Lund, as sole owner.

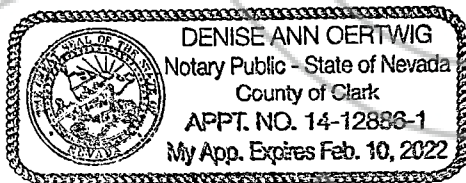
DATED this 7 day of JULY, 2020.

Richard C Lund  
Affiant

State of NEVADA  
County of CLARK

Subscribed and Sworn to before me on this  
7 day of JULY, 2020 by  
RICHARD C. LUND

Denise Ann Oertwig  
Notary Public



**STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH — VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2010003385**

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) <b>Romona Jean LUND</b>			2. DATE OF DEATH (Mo/Day/Year) <b>March 03, 2010</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) <b>Desert Springs Hospital</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Female</b>
5. RACE <b>White</b>		6. Hispanic Origin? Specify No -Non-Hispanic	7a. AGE-Last birthday (Years) <b>68</b>	7b. UNDER 1 YEAR <b>MOS</b>	7c. UNDER 1 DAY <b>HOURS</b>	7d. UNDER 1 MIN <b>MIN</b>
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 20, 1941</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Richard C LUND</b>		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Housekeeper</b>
14b. KIND OF BUSINESS OR INDUSTRY <b>Casino</b>		15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>	15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	15d. STREET AND NUMBER <b>4593 Arnel Court</b>
15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Willis SMITH</b>		17. MOTHER - NAME (First Middle Last Suffix) <b>Gertrude DONOVAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Richard C LUND</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>4593 Arnel Court Las Vegas, Nevada 89115</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as) Such <b>CHRIS WALTERS</b>		20b. FUNERAL DIRECTOR LICENSE <b>64</b>	20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101</b>			
20d. SIGNATURE AUTHENTICATED						
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) <b>VISHWESHWARA RANGA MD</b>			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) <b>March 09, 2010</b>		21c. HOUR OF DEATH <b>13:21</b>		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)		
21e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>VISHWESHWARA RANGA MD 3201 S. Maryland Parkway #100 Las Vegas, NV 89119</b>				
23b. LICENSE NUMBER <b>9296</b>		24a. REGISTRAR (Signature) <b>KATHIE FRANKLIN</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 10, 2010</b>	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED						
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART I		(a) <b>Cardiopulmonary arrest</b>				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
		(b) <b>Pulmonary fibrosis</b>				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
		(c) <b>Hypoxemia</b>				Interval between onset and death
		DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death
		(d)				Interval between onset and death
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <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	

STATE 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 as authorized by the

State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.  
Registrar of Vital Statistics

By:

Date Issued: **MAR 15 2010**