

APN 002-191-02

APN \_\_\_\_\_

APN \_\_\_\_\_



OFFICIAL RECORD  
AMY ELMER, RECORDER

Amended Affidavit Terminating Joint Tenancy  
Title of Document

Affirmation Statement

\_\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

Lam I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NA  
(State specific law)

Laurel Ann Mathews Sole Owner  
Signature Title

Laurel Ann Mathews  
Print

8/4/20  
Date

Grantees address and mail tax statement:

Laurel Ann Mathews  
P.O. Box 192  
Panaca NV 89042

**After recording please return to:**

**Name:** Laurel Ann Mathews  
**Address:** P.O. Box 192  
**City, State, Zip:** Panaca Nevada 89042  
**Phone:** \_\_\_\_\_  
**Assessor's Parcel Number** 002-191-02



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 )  
 )ss  
 COUNTY OF Lincoln )

Laurel Ann Mathews, 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 matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Laurel Ann Mathews, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on 1/24/2005, as Document No 1977-060340, in Book 22, Page 58, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as Panaca, described as follows:

A portion of Lot Two (2) in Block Forty-seven (47) in the Town of Panaca, County of Lincoln, State of Nevada, described as follows: Beginning at the northeast corner of said Lot 2, thence west 100 feet; thence south 132 feet; thence east 100 feet; and thence north 132 feet to the Point of Beginning, together with any and all improvements situate thereon.

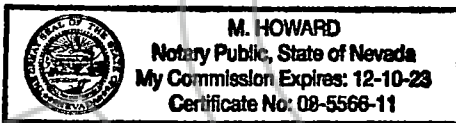
4. Gary Emmitt Mills ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
5. The decedent was my Husband.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting in me, Laurel Ann Mathews, as sole owner.

DATED this 31 day of July, 2020

Laurel Ann Mathews  
Affiant

SUBSCRIBED AND SWORN to before me on this 31st day of July, 2020 by Laurel Ann Mathews fka Laurel Ann Mills.

M. Howard  
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. 4085119

**CERTIFICATE OF DEATH**

2019011234  
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

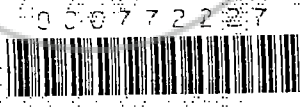
CERTIFIER

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>Gary Emmit MILLS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 02, 2019</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street number) <b>109 South 6th Street</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>76</b>	
9a. STATE OF BIRTH (If not US/CA, name country): <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY: <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Laurel Ann HANSEN</b>			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Deputy Sheriff</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>LAW ENFORCEMENT</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>109 South 6th Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>William H MILLS</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Pauline Lois ASH</b>		
18a. INFORMANT - NAME (Type or Print) <b>Ann MILLS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 429, Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME: <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
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>SIGNATURE AUTHENTICATED MINESH AMIN DO</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>June 06, 2019</b>		21c. HOUR OF DEATH <b>02:37</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)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Minesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146</b>			
23b. LICENSE NUMBER <b>DO1591</b>		24a. REGISTRAR (Signature) <b>ANGÉLICA RAMÍREZ</b>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 07, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) <b>Lung Cancer With Metastases To Liver And Brain</b> Interval between onset and death					
(b) <b>Unknown Etiology</b> Interval between onset and death					
(c) Interval between onset and death					
(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 1.				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	



**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: 6/10/2019

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

*Alisa Shughart*  
**Interim Administrator**  
STATE REGISTRAR

