

APN 002-191-16

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

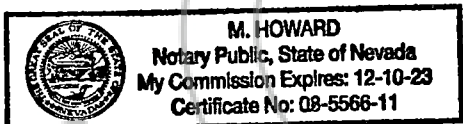
4. Gary Emmit Mills ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
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	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Gary Emmitt MILLS		2. DATE OF DEATH (Mo/Day/Year) June 02, 2019		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) 109 South 6th Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 76	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1942	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Laurel Ann HANSEN			
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE-STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
DISPOSITION	15d. STREET AND NUMBER 109 South 6th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT -NAME (First Middle Last Suffix) William H MILLS			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Pauline Lois ASH		
TRADE CALL	18a. INFORMANT-NAME (Type or Print) Ann MILLS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 429 Panaca, Nevada 89042			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
	TRADE CALL- NAME AND ADDRESS					
REGISTERAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED MINESH AMIN DO		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) June 06, 2019		21c. HOUR OF DEATH 02:37		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	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) Minesh Amin-DO 6655 W Sahara Ave Las Vegas, NV 89146			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER DO1591		24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 07, 2019		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Lung Cancer With Metastases To Liver And Brain DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
	(b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death				
(d) DUE TO, OR AS A CONSEQUENCE OF		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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		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		

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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

Ann Shughart
Interim Administrator
STATE REGISTRAR

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

