APN OFFICIAL RECORD APN AMY ELMER, RECORDER ammended affidavi 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) 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) Grantees address and mail tax statement: Ann Mathews maca NV 89042

APN 002-191-16

2020-158812

08/04/2020 03:37 PM

Pgs=4 KE

LINCOLN COUNTY, NV

LAUREL ANN MATHEWS

Rec:\$37.00

Total:\$37.00

		LINCOLN COUNTY, NV 2020-158797 Rec:\$37.00
After recording	please return to:) Total:\$37.00 07/31/2020 11:24 AM
Name:	Laurel Ann Mathews) LAUREL ANN MATHEWS Pgs=2 KE
Address:	P.O. Box 192	
City, State, Zip: Phone:	Panaca Nevada 89042 775 962 2451	O0005266202001587970020022 OFFICIAL RECORD AMY ELMER, RECORDER
Assessor's Parcel Number	002-191-16) Above This Line Reserved For Official Use Only—
	AFFIDAVIT TERMINATI Pursuant to NRS 40.525(
	Nevada)	
COUNTY OF _I	incoln)	
	, be	ing first duly sworn, deposes and states:
		
1. I, the under	signed Affiant, am over the age of	21 years and competent to be a witness as to
the matters	hereinaiter stated. I declare that I h	ave knowledge of the facts stated herein.
2. Iam Lai	urel Ann Mathews	, the same person named as one of the
grantees na	med in that certain Joint Tenancy	Deed recorded on 1/24/2005
	as Document No. 2005-12367	2, in Book 196 , Page 80 , of the
Official Rec	xords in the Office of the County Rec	onder of Lincoln County, State of Nevada.
	the shows reference	d deed is located in Lincoln County, Nevada
commonly		, described as follows:
COHIMOINA 1	Showir as	
of Danaga	-County of Lincoln, Star	forty-seven (47) in the town co of Nevada, described as
follows:	Deminating of the northeas	t corner of said lot two (2) 66 feet, thence east 100 point of beginning,
tøgetner	MICH SHY SHOW STI THE PROPERTY	
		y Isom parcel map
record	ded in book c p	page 19 OF the
wince	In County Record	ds Document # 121410

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 lens Mathews Affiant									
thi	JBSCRIBED AND SWORN to before me on is 31st day of July , 20 by ourel thin Nathan Fra Laurel Ann Mills +								
No	M. HOWARD Notary Public, State of Nevada My Commission Expires: 12-10-23 Certificate No: 08-5566-11								

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STATE OF NEVADA





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

VITAL STATISTICS

			i		WYW.		AF W	
CASE EI	LE NO. 4085119	CERTII	FICATE OF	DEATH	iw some	" 201	001122	
TYPE OR							9011234 FILE NUMBER	
PRINT IN	1a. DECEASED-NAME (FIRST MIDDLE L	AST,SUFFIX)	MILLS		DATE OF DEATH	7	3a COUNTY OF	DEATH
PERMANENT BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEA	TH I3c. HOSPITAL OR OTHER		If not either give	June 02,			ncoln 14. SEX
	Panaca	(Intimbioid)	9 South 6th Stre		Inpatient(Sp		, Oli Ellier, Kilir,	Male
DECEDENT	5, RACE (Specify)	6. Hispanic Origin	2 Specify 7a. A	GE-Last birthday 7	D. UNDER 1 YEAR	7c, UNDER 1 DAY	8. DATE OF BIF	
	White:	No - Non-		76	MOS DAYS	HOURS MINS		r 04, 1942
IF DEATH OCCURRED IN INSTITUTION SEE	name country)	b. CITIZEN OF WHAT COUNTR United States	12	Married	(Specify) 12, SURY	Laurel A	nn HANS	
HANDBOOK REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER 11.	4a. USUAL OCCUPATION (Give				SINESS OR INDUST		r in US Armed
RESIDENCE	15a RESIDENCE STATE 15b COU		puty Sheriff	N 15d STRE	4.15 1 1011 1011	NFORCEMEN		ces? Yes
	Nevada	Lincoln	Panaca \	109 S	outh 6th Stre	et 🐃 🚟	or.	AITS (Specify Yes No) Yes
PARENTS	16. FATHER/PARENT - NAME (First Midd	dle Last Suffix)	M.	17. MOTHER/PA	RENT - NAME:: (Firs	st Middle Last Su uline Lois AS	ver aver any	
Y. Fr	18a INFORMANT NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.	D. No, City or Town,		M. AM	
	Ann MILLS				x 429 Panaca,			
DISPOSITION	19a. BURIAL, CREMATION; REMOVAL, O BURIAI	THER (Specily) 195. CEMETER		Cemetery	**************************************	196, LOCATION Pana	City or Town aca Nevada 8	.State 9042
V 4000	20a. FUNERAL DIRECTOR - SIGNATURE		20b. FÜNERAL DIRE	CTOF 20c. NAME				
	TODD BOY	THENTICATED (%)	FD807	7		thern Nevada N nt Street Callent		
TRADE CALL	TRADE CALL - NAME AND ADDRESS				w <i>I</i>			
TRADE CALL	21a. To the best of my knowledge; of to the cause(s) stated (Signature &	leath occurred at the time, date a	THENTICATED	at the time, da	asis of examination and te and place and due to			
	21a. To the best of my knowledge; of to the cause(s) stated (Signature &	leath occurred at the time, date a	THENTICATED	at the time, da		o the cause(s) stated		
TRADE CÄLL	21a. To the best of fry knowledge; c to the cause(s) stated (Signature & MIN 21b. DATE SIGNED (Mo/Day/Yr) June 06, 2019	leath occurred at the lume, date at title) SIGNATURE AU ESH AMIN DO 21c. HOUR OF DEATH 02:37	THENTICATED	at the time, da	te and place and due to	o the cause(s) stated	(Signature & Title	
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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 Interim Administrator





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