

LINCOLN COUNTY, NV

2020-158948

\$37.00

09/15/2020 02:40 PM

Rec:\$37.00

FA NV NTC MAIN

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OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 004-162-10
File No: 13895-2595283 (DP)

When Recorded return to, and mail Tax Statements to:
Dominique Slone
P.O. Box 118
Alamo, NV 89001

AFFIDAVIT - TERMINATING JOINT TENANCY

Dominique Slone, of legal age, being first duly sworn, deposes and says:

That **Ellecia Slone**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Ellecia Slone** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **03/14/2012** executed by **Devon Miller and Shannon R. Miller** to **Dominique Slone and Ellecia Slone, husband and wife** as joint tenants, recorded as Document No. **0140977** on **03/16/2012** in Book **270** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

LOT 6, ALAMO WEST SUBDIVISION, PHASE I RECORDED MARCH 9, 1987, IN PLAT BOOK A, PAGE 270, AS FILE 86358, LINCOLN COUNTY, NEVADA.

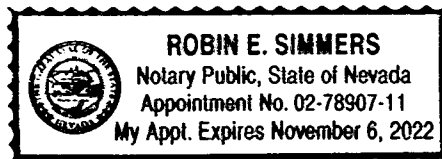
Dominique Slone 9/15/2020
Dominique Slone Date

STATE OF **NEVADA**)
) :ss.
COUNTY OF Lincoln)

This instrument was acknowledged before me on this:
4 day of September, 2020

By: **Dominique Slone**
Robin E. Simmers

Notary Public
(My commission expires: 11-6-2022)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3889314

CERTIFICATE OF DEATH

2016007054
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) Paige Ellecia SLONE		2. DATE OF DEATH (Mo/Day/Year) April 16, 2016		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Hiko		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and apt. no.) 1317 Old Sharp Lane		3d. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) November 30, 1950	
7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. Hispanic Origin? Specify (No - Non-Hispanic)		9a. STATE OF BIRTH (If not USACA, name country) Texas		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) Dominique Henri SLONE	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Design	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Hiko	
15d. STREET AND NUMBER 1317 Old Sharp Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. EVER IN US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles Elliott POWERS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Virginia GLADER		
18a. INFORMANT- NAME (Type or Print) Dominique H SLONE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1317 Old Sharp Lane Hiko, Nevada 89017			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Utah Cremation Service		19c. LOCATION City or Town State St. George Utah 84770	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD907		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS, McMillan Mortuary 285 West Tabernacle Street St. George UT 84770					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MINESH AMIN SIGNATURE AUTHENTICATED			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) April 19, 2016		21c. HOUR OF DEATH 04:40		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) Minesh Amin 6655 W Sahara Ave Las Vegas, NV 89146			
23b. LICENSE NUMBER DO1591		24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 20, 2016		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Grade IV Astrocytoma (Glioblastoma) DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (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 I.					Interval between onset and death
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	

STATE REGISTRAR

VRS-Rev-20120523a

624076

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:

4/20/2016

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



Cody A. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED

