

LINCOLN COUNTY, NV
\$37.00
Rec:\$37.00
FA NV NTC MAIN
OFFICIAL RECORD
AMY ELMER, RECORDER

2020-158954
09/17/2020 09:05 AM
Pgs=3 KE

A.P.N.: 004-151-62
File No: 13895-2597874 (DP)

When Recorded return to, and mail Tax Statements to:
Sharon Marich
P.O. Box 419
Alamo, NV 89001

AFFIDAVIT - TERMINATING JOINT TENANCY

Sharon F. Marich, of legal age, being first duly sworn, deposes and says:

That **Michael John Marich**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Michael John Marich** named as one of the parties in that certain **Grant Deed** dated **06/04/1987** executed by **Gerald H. Wilson and Mary S. Wilson** to **Michael John Marich and Sharon F. Marich, husband and wife** as joint tenants, recorded as Document No. **90705** on **02/14/1989** in Book **84/ Page 70** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

A PORTION OF THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, MOUNT DIABLO BASE & MERIDIAN, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 15-2 AS SHOWN ON THAT CERTAIN PARCEL MAP RECORDED MAY 12, 2006 AS FILE NO. 126509, PLAT BOOK "C", PAGE 203, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.


Sharon F. Marich 9-11-2020

Sharon F. Marich

Date

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

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

By: **Sharon F. Marich**

Robin E. Simmers

Notary Public

(My commission expires: 11-6-2022)



COOPER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4066634 **CERTIFICATE OF DEATH** 2019003038
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

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) Michael John MARICH		2. DATE OF DEATH (Mo/Day/Year) February 11, 2019		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or 603 Cottonwood Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 16, 1949		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) Sharon Fay JACKSON	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of MECHANIC, DIESEL		14b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE REPAIR (GARAGE)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 603 Cottonwood Street		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Michael MARICH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy Alice DOLFIN		
18a. INFORMANT - NAME (Type or Print) Sharon Fay MARICH		18b. MAILING ADDRESS (Street or R.F.D.No. City or Town, State, Zip) P.O. Box 513 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Funeral Smith		19c. LOCATION City or Town State Henderson Nevada 89011	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
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) MINESH AMIN DO 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) February 16, 2019		21c. HOUR OF DEATH 21:56		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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 688 Childrens Way Henderson, NV 89052				23b. LICENSE NUMBER DO1591	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 19, 2019		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). Interval between onset and death					
PART I (a) Colon Cancer With Metastases To Liver And Lung Interval between onset and death					
(b) 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	

STATE REGISTRAR



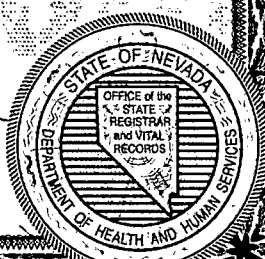
CERTIFIED COPY OF VITAL RECORDS

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: **FEB 25 2019**

Julie Katcheva
STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE