

After recording please return to:)
Name: LEWIS B. CLARK)
Address: 446 MAIN ST)
City, State, Zip: CALIENTE NV. 89009)
Phone: 726-3845)
Assessor's)
Parcel Number 003-093-08)



OFFICIAL RECORD
AMY ELMER, RECORDER

-----Above This Line Reserved For Official Use Only-----

AFFIDAVIT TERMINATING JOINT TENANCY
Pursuant to NRS 40.525(5) and NRS 111.365

LEWIS E CLARK, 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 matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am LEWIS E CLARK, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 2002 AUG-27 4:34 PM, as Document No. 118737, in Book 166, Page(s) 313, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 446 MAIN ST. and described as follows: ALL OF TEN (10) AND THE ADJOINING HALF OF LOT ELEVEN (11) OF BLOCK FIFTEEN (15) IN THE CITY OF CALIENTE, LINCOLN COUNTY, NEVADA, THE SAME AS SHOWN ON THE REVISED OFFICIAL PLAT OF THE CITY OF CALIENTE, NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA. A.P.N. 003-093-08

4. MAUD L CLARK, (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 death certificate and incorporated herein by this reference.
5. The Decedent was my WIFE.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me LEWIS E CLARK, as sole owner.

DATED this 22nd day of OCT., 2020.

Lewis E Clark
Affiant

State of NV
County of Lincoln

Subscribed and Sworn to before me on this
22nd day of OCTOBER, 2020 by
LEWIS E CLARK

Theresa Dojaquez
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. 4158989

CERTIFICATE OF DEATH

2020016659
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Maud LaRae CLARK		2. DATE OF DEATH (Mo/Day/Year) July 31, 2020		3a. COUNTY OF DEATH Lincoln		
	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street number) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient		
PRECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 78		
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 23, 1941		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10		
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Lewis Edward CLARK				
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		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 Caliente		
POSITION	15d. STREET AND NUMBER 446 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Orson M POWELL		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Maud QUINN		18a. INFORMANT - NAME (Type or Print) Lewis Brad CLARK				
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 185 Caliente, Nevada 89008		19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Caliente City Cemetery		
	19c. LOCATION City or Town, State Caliente Nevada 89008		20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		
CERTIFIER	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary		20d. SIGNATURE AUTHENTICATED				
	20e. 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) DAVID A DALTON DO				
GISTRAR	21b. DATE SIGNED (Mo/Day/Yr) August 07, 2020		21c. HOUR OF DEATH 05:00		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)		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
CAUSE OF DEATH	21e. PRONOUNCED DEAD (Mo/Day/Yr)		22d. PRONOUNCED DEAD AT (Hour)		22e. PRONOUNCED DEAD AT (Hour)		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) David A Dalton DO 700 North Spring Street Caliente, NV 89008				23b. LICENSE NUMBER DO2594		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 07, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	24d. SIGNATURE AUTHENTICATED		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
CAUSE OF DEATH	(a) Non Small Cell Lung Cancer With Possible Metastasis To Esophagus		Interval between onset and death 6 Months		Interval between onset and death		
	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death		
CAUSE OF DEATH	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death		
	(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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) 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			

000827005



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:

STATE REGISTRAR

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

8/14/2020

