APN: <u>006-291-2</u>	0
Recording Reque and Tax Stateme	sted by and Mail Documents nt To:
Name: GERALDIN	E BAXTER
Address: 1532 I	PALM STREET
City/State/7in HE	NDERSON, NEVADA 89011

AMY ELMER, RECORDER

## **AFFIDAVIT-TERMINATION OF JOINT TENANT**

## Death of A Joint Tenant

I, GERALDINE BAX	CTER	, the Affidant,
being of legal age, and being first du That PHILIP BAXT		
	ached certified copy Certificate of Death, is the	
as. PHILIP BAXTER		, who is named as one
of the parties in the certain (Type o	COANT DADCAM, CALE DEED	dated
	, 1983 , to PHILIP BAXTER and GER	
Husband and Wife		
Known as Grantees, as Joint Tenant.	s, as recorded as Instrument Number 7759	Book 54 Page 337 ,
	1983 of the Official Records of Lincoln Coun	
Covering the following described property (Set Forth Legal Description and Co.)	roperty situated in the State of Nevada.	
(Set routh Legal Description and Col	Millotty Kilowii Address)	
Affidavit of Termination of Joint Tenant	Page I of 2	Initials

Commonly Known Address:	8674 DRY VALLEY RANCH ROAD PIOCHE, NEVADA 89043
	ve hereunto set my hand/our hands on this the <u> ろど<sup>™</sup></u> day of ,20
Gradue Signature	Surtu
GERALDINE BAXTER	\ \ / /
Print or Type Name of Affidav	it
	_ <u> </u>
STATE OF NEVADA COUNTY OF CLARK	
On this $\frac{71}{2}$ day of _	October 2020, personally appeared before me, a Notary
\ \	\ \
Public, GERALDINE	E BAXTER,
personally, known to me or pr	roved to me on the basis of satisfactory evidence to be the person(s)
7%.	d the foregoing instrument in the capacity set forth therein, who
7704	eexecuted the same freely and voluntarily and for the uses and
purposes merein mentioned.	Witness my hand and official seal.
1/	
	JACOB VAN WAGONER
NOTAR PUBLIC	Notary Public, State of Nevada
My Commission Expires:	Annointment No. 05 00440 4
· / -/	

Page 2 of 2

Affidavit of Termination of Joint Tenant

## EXHIBIT A"

A Parcel of land situate in the SWL/4 of the NEL/4, Section 31, Township 1 North, Range 69 East, M. D. B. & M., being more particularly described as follows:

Beginning at the North Point (1) from which the North Ouarter Corner of said Section 31, bears N 26° 20' W a distance of 1541.30 feet more or less, thence S 45° E a distance of 208.71 feet more or less, to the East Corner (2): thence S 45° W a distance of 208.71 feet more or less, to the South Corner (3): thence N 45° W a distance of 208.71 feet more or less to the West Corner (4): thence N 45° E a distance of 208.71 feet more or less to the point of beginning. Said Parcel contains 1.0 acres, more or less.

Together with all singular the tenements, hereditaments and apurtenances thereunto belonging or in anywise appertaining.

	005474	DIVISION O	F HEALTH — SECT CERTIFICATE		STATISTICS	<del></del>
I	LOCAL FILE NUMBER	1	CERTIFICATE	OFDEATH		
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	DATE C	F DEATH (Month, Day, Year)	STATE FILE NUMBER COUNTY OF DEATH
IN PERMANENT BLACK INK	1 Philip	J.	BAXTE		ept. 6, 1994	3a Clark
DEACH INK	CITY, TOWN, OR LOCATION OF DEATH		R INSTITUTION—Name (If not	-	Rm. Inpatient (Specify)	B DOA, OP/Emer SEX
DECEDENT	3b. Las Vegas  RACE—(e.g., White, Black, American Indian, etc) (Specify)		Mountain Car Igin <sup>9</sup> Specify I yes <b>x</b> no II yes to Rican, etc.	s, AGE-Last	INDER 1 YEAR   UNDER 1 DA	tient 4 Male
	Indian, etc) (Specify) s  White	pecify Mexican, Cuban, Puer	to Rican, etc.	Birthday (Years) 7a 63 7b	MOS : DAYS   HOURS : MI	<sup>8</sup> Nov. 29, 1930
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country),	CITIZEN OF WHAT COUNTI	RY Decedent's Education ! grade completed	Specify highest MARR WIDO	VED. DIVORCED	SURVIVING SPOUSE (If write, give maiden name)
ANOBOOK	9a New York SOCIAL SECURITY NUMBER	9b U.S.A.	10 12 Ive Kind of Work Done During I	(Special 11	Married	12 Geraldine Stanek
JARONG JARPETONOF RESORICE TRIS	:3	Working Life, Even if Retir	r/Painter	146.	School I	istrict
1.	RESIDENCE—STATE COUNT		CITY, TOWN OR LOCATION	ON S	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
<b>→</b> (	15a Nevada 15b.	Clark	15c North La	s Vegas	15d. 3604 Nelso	n <sup>15e.</sup> Yes
PARENTS		Middle		THER-MAIDEN NAME		Middle Last
$\overline{}$	INFORMANT—NAME (Type or Print)		Baxter 17	(S	Marie treet or R.F.D. No., City or Town, S	Viet
	18a Geraldine	Baxter	. 186 36	04 Nelson,	North Las Vega	ıs, Nevada 89030
	BURIAL, CREMATION, REMOVAL, OTHE	R (Specify) CEMETE	RY OR CREMATORY NAME		74.	City or Town State
DISPOSITION	198. Cremation	19b.	Memory Garden	S Cremator		
$\Box$	FUNERAL DIRECTOR—SIGNATURE (Or Perion long as Bush) 20a.	LICENSE 20b	NUMBER		Bunker Mort Blvd. No., Las	uary Vegas, Nevada 89101
	Z 21a. To the best of my knowledge.  ≼ due to the cause(s) stated.	sath occurred at the time, da	ste and place and	22a. On t		stigation, in my opinion death occurred
	(Signature and Title)  DATE SIGNED (Mo., Date Yr)	$\rightarrow$ $\downarrow$ $\downarrow$ $\downarrow$		គ្គីទ្ធ (Signature	and Title)	
	DATE SIGNED (Mg., Day, Vr.)	HOUR OF DI		O DATE SIG	7 7	OUR OF DEATH
CERTIFIER	21a. To the best of my knowledge, due to the cause(s) stated.  (Signature and Title)  DATE SIGNED (Mo., Day, Yr)  ALL  SOLID NAME OF ATTENDING PHYSI	1 (	4:15 p.m.		AF AF	RONOUNCED DEAD (Hour)
	- 20			22d. ON	2	2e. AT
!	NAME AND ADDRESS OF CE		The same of the sa	N		LICENSE NUMBER
	** Slaine Fur	cell, M.D., 5	701 W. Charle	ston, Las	Vegas, NV 89102	
COMPTONS FAMILY APPICE DAVE	I'm Signetire > Mary	who ity	sula in	SEP 07 19	DEATH DUE TO CO	№ □
	SE MANERAL SE / ENTERON	LY ONE CAUSE PET L VE	CA S INC		No.	Interval between onset and death
STATIVETIES UNCEFLUNG OULSELUST	PART & CUTO	<u>مر ( ن ۵ )</u>	prieture	- PUM	reg Wee	· Interval between onset and death
1	1 Pigg.			\	0	into supplied in the supplied
	DUE TO, OR AS A CONSE	QUELICE OF:		<del>- \ .</del>		Interval between onset and death
CAUSE OF	(c).					
DEATH	PART II OTHER SIGNIFICANT CONDIT				26 No	city WAS CASE REFERRED TO CORONER (Specify Yes or No)  27 NO
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. 28b.	OF INJURY (Mo. Day, Yr.) HC		PIBE HOW INJURY OC		
		OF INJURY—At home, farm building, etc (S		TION STR	EET OR R F D No C7	TY OR TOWN STATE
					N	<b>o.</b> 066314

STATE OF NEVADA - DEPARTMENT OF ROMAN RESCONCES

STATE REGISTRAR

"CERTIFIED TO BEA TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State emified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: M&W