

APN: 006-291-20

Recording Requested by and Mail Documents
and Tax Statement To:

Name: GERALDINE BAXTER

Address: 1532 PALM STREET

City/State/Zip: HENDERSON, NEVADA 89011

AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of A Joint Tenant

I, GERALDINE BAXTER, the Affiant,

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

That PHILIP BAXTER,

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person

as, PHILIP BAXTER, who is named as one

of the parties in the certain (Type of Deed) GRANT BARGAIN, SALE DEED dated

on the 28th day of January, 1983, to PHILIP BAXTER and GERALDINE BAXTER,

Husband and Wife

Known as Grantees, as Joint Tenants, as recorded as Instrument Number 7759 Book 54 Page 337,

on the 15 day of April, 1983 of the Official Records of Lincoln County, State of Nevada,

Covering the following described property situated in the State of Nevada.

(Set Forth Legal Description and Commonly Known Address)

Commonly Known Address: 8674 DRY VALLEY RANCH ROAD PIOCHE, NEVADA 89043

In Witness Whereof, I/We have hereunto set my hand/our hands on this the 26TH day of October, 20 20.

Geraldine Baxter
Signature

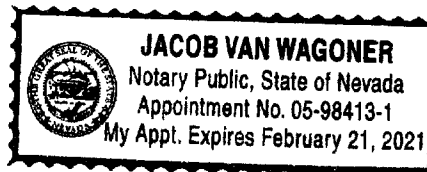
GERALDINE BAXTER
Print or Type Name of Affidavit

STATE OF NEVADA)
)
COUNTY OF CLARK)

On this 27TH day of October 2020, personally appeared before me, a Notary Public, GERALDINE BAXTER

personally, known to me or proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me the s he executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

[Signature]
NOTARY PUBLIC
My Commission Expires: 02-21-21



Initials [Signature]

EXHIBIT "A"

A Parcel of land situate in the SW $\frac{1}{4}$ of the NE $\frac{1}{4}$, 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 Quarter 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 appurtenances thereunto belonging or in anywise appertaining.

005474

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1 Philip J. BAXTER		2 Sept. 6, 1994	
	CITY, TOWN, OR LOCATION OF DEATH: 1b Las Vegas		3a Clark	
IF DEATH OCCURRED IN INSTITUTION AND BOOK DURING EXPECTATION OF RESIDENCE '94	3c Shadow Mountain Care Center		4 Male	
	5 White		6 Nov. 29, 1930	
PARENTS	16 Philip Baxter		17 Marie Viet	
	18a Geraldine Baxter		18b 3604 Nelson, North Las Vegas, Nevada 89030	
DISPOSITION	19a Cremation		19b Memory Gardens Crematory	
	20a [Signature]		20b [Signature]	
CERTIFIER	21a 9/7/94		21c 4:15 p.m.	
	23a Blaine Purcell, M.D., 5701 W. Charleston, Las Vegas, NV 89102		23b 5706	
CAUSE OF DEATH	24a [Signature]		24c SEP 07 1994	
	25a Chronic obstructive Pulmonary Disease		25b Pneumonia	
CONDITIONS PREVIOUS TO DEATH	26 No		27 No	
	28a ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST.		28b DATE OF INJURY (Mo., Day, Yr.)	
IF DEATH OCCURRED IN INSTITUTION AND BOOK DURING EXPECTATION OF RESIDENCE '94	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, store, building, etc. (Specify)	

No. 066314

STATE REGISTRAR

"CERTIFIED TO BE A 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 certified 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: mfw