

LINCOLN COUNTY, NV

**2021-159401**

\$37.00

Rec:\$37.00

**01/04/2021 09:31 AM**

ESCOBAR & ASSOCIATES LAW FIRM, LTD. Pgs=3 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

## RECORDING COVER PAGE

APN: 003-088-05

### TITLE OF DOCUMENT

Affidavit-Termination of Joint Tenancy

(Death of a Joint Tenant)

### RECORDING REQUESTED BY:

Escobar & Associates, Law Firm LTD

RETURN TO: Name Escobar & Associates, Law Firm LTD

Address : 150 N. Durango Dr. Suite 230

City/State/Zip: Las Vegas, NV 89145

### MAIL TAX STATEMENT TO:

Name: Gertrude Faulkner

Address: 8412 Half Dome Circle

City/State/Zip: Las Vegas, NV 89145

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

To print this document properly, do not use page scaling.

Using this cover page does not exclude the document from assessing a noncompliance fee.

P:\Common\Forms & Notices\Cover Page Template Feb2014

APN: 003-088-05  
Recording requested by and  
Mail Tax Statement to:  
Gertrude Faulkner  
8412 Half Dome Circle  
Las Vegas, Nevada 89145

**Affidavit-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

I, GERTRUDE FAULKNER, the Affiant, joint tenant and life partner of the deceased joint tenant, being of legal age, and being first duly sworn, deposes and says:

That KENT DART FAULKNER, the decedent mentioned in the attached certified copy of Certificate of Death, died in CLARK COUNTY, Nevada, on January 31<sup>st</sup> 2015, and is the same KENT FAULKNER named as one of the parties in that certain instrument recorded as Document #: 2006-127884 on the 17<sup>th</sup> day of November, 2006 of the Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Caliente, County of Lincoln, State of Nevada:

ALL OF LOT NUMBER ONE (1) IN BLOCK NUMBERED TWO (2) IN THE CITY OF CALIENTE, NEVADA, AS SAID LOT AND BLOCK ARE DELINEATED ON THE OFFICIAL MAP OF SAID CITY, NOW ON FILE IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

PARCEL ID # 003-088-05

Commonly known as 187 Market St, Caliente, NV 89008

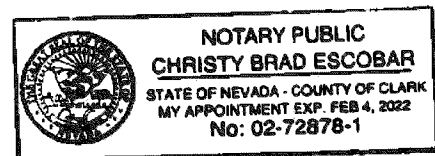
In Witness Whereof, I have hereunto set my hand this 24<sup>th</sup> day of November, 2020.

*Gertrude Faulkner*  
\_\_\_\_\_  
GERTRUDE FAULKNER

STATE OF NEVADA     )  
                                  )ss:  
COUNTY OF CLARK    )

Subscribed and sworn to on this 24<sup>th</sup> day of November, 2020, before me, Christy Brad Escobar, a Notary Public, by GERTRUDE FAULKNER

WITNESS my hand and official seal  
*Christy Brad Escobar*  
\_\_\_\_\_  
NOTARY PUBLIC in and for said county and state



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH - VITAL STATISTICS**

**CERTIFICATE OF DEATH**

2015001780  
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

1. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Kent Dart FAULKNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 31, 2015</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Henderson</b>		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street address) <b>1421 Price Street</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>71</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (Maiden name) <b>Gertrude May BAYLISS</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Civil Engineer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>County/government</b>		15. Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>187 Market St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ernest Kenneth FAULKNER</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Marion Parks DART</b>		18a. INFORMANT - NAME (Type or Print) <b>Gertrude May BAYLISS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>187 Market St. Caliente, Nevada 89008</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR (Or Person Acting as Such) <b>RICHARD C BOBO</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>252</b>		20c. NAME AND ADDRESS OF FACILITY <b>Bunker's Mortuary</b> <b>925 N Las Vegas Blvd Las Vegas NV 89101</b>	
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) <b>CRAIG JORGENSON MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>February 04, 2015</b>		21c. HOUR OF DEATH <b>10:02</b>		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)					
22b. DATE SIGNED (Mo/Day/Yr)		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) <b>CRAIG JORGENSON MD 6330 S Jones Las Vegas, NV 89118</b>			
23b. LICENSE NUMBER <b>9529</b>		24a. REGISTRAR (Signature) <b>MARY WILSON</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 04, 2015</b>		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) <b>Renal Failure Secondary To Diabetes</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death: <b>Months</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(c) DUE TO, OR AS A CONSEQUENCE OF:					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death:	
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. ACC. SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		27a. DATE OF INJURY (Mo/Day/Yr)		27b. HOUR OF INJURY	
27c. DESCRIBE HOW INJURY OCCURRED		28. AUTOPSY (Specify Yes or No) <b>No</b>			
27d. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
28b. LOCATION		28c. STREET OR R.F.D. No.		28d. CITY OR TOWN	
28e. INJURY AT WORK (Specify Yes or No)		28f. STATE			

STATE REGISTRAR

3815453



"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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

B000120256  
DATE ISSUED: **FEB 11 2015**  
Registar of Vital Statistics  
By *[Signature]*  
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.  
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE