

RECORDING COVER PAGE

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APN# 013-042-01



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OFFICIAL RECORD
AMY ELMER, RECORDER

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**TITLE OF DOCUMENT
(DO NOT Abbreviate)**

Termination Joint Tenancy

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

Robert Polasky Agency

RETURN TO: Name Donna M. McIntyre

Address 3619 Lost Hills DR

City/State/Zip Las Vegas, NV 89122

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name Donna M. McIntyre

Address 3619 Lost Hills DR

City/State/Zip Las Vegas, NV 89122

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.

STATE OF NEVADA—DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH—VITAL STATISTICS

CERTIFICATE OF DEATH

2012016776
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Lorán MCINTYRE		2. DATE OF DEATH (Mo/Day/Year) October 22, 2012		3a. COUNTY OF DEATH Clark	
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 4964 Sandra Road		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 78		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 02, 1934		9a. STATE OF BIRTH (If not U.S.A., name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 14		11. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donna M MASON	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Police Officer		14b. KIND OF BUSINESS OR INDUSTRY Law	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	15d. STREET AND NUMBER 4964 Sandra Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Orin MCINTYRE	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian R LOCKARD		18a. INFORMANT-NAME (Type or Print) Donna M MCINTYRE			
TRADE CALL	18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 4964 Sandra Road Las Vegas, Nevada 89110				19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
	19b. CEMETERY OR CREMATORY - NAME Southern Nevada Veterans Memorial Cemetery		19c. LOCATION City or Town State Boulder City Nevada 89005			
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED NED STOUGHTON MD		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)			
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) October 23, 2012		21c. HOUR OF DEATH 04:15		22b. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
CAUSE OF DEATH	22e. PRONOUNCED DEAD AT (Hour)				23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ned Stoughton MD 3150 N. Tenaya Way, Ste. 350 Las Vegas, NV 89128	
	23b. LICENSE NUMBER 10960				24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDERLYING CAUSE LAST	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 24, 2012		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) metastatic pancreatic cancer DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)	
	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	
STATE REGISTRAR	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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 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 as authorized by the State Board of Health pursuant to NRS 440.175.

VRS-Rev-20120523a

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

John Middaugh, M.D.
Registrar of Vital Statistics
By: 

Date Issued:

OCT 25 2012