LINCOLN COUNTY, NV

\$37.00

Rec:\$37.00

2021-159594

02/09/2021 08:19 AM

LEGAL FORMS NEVADA

AMY ELMER, RECORDER

Pgs=3 KE

OFFICIAL RECORD

| 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

| l, | GERALDINE BAX | TER | | | , the Affidant, |
|------------------|--|-------------------|---------------------|--------------------|--------------------|
| being of le | gal age, and being first du | ly sworn, depos | es and says: | | |
| That | PHILIP BAXT | ER | | | |
| as, | ent mentioned in the atta PHILIP BAXTER | | | w | ho is named as one |
| of the part | ies in the certain (Type of | Deed) GR | ANT BARGAIN, S | ALE DEED | dated |
| | h day of <u>January</u> | 76. | 76 | 76. 27 | |
| | Husband and Wife | / | \ | | |
| | | | \\ | | |
| Known as | Grantees, as Joint Tenants | , as recorded as | Instrument Num | ber <u>7759 Bo</u> | ok 54 Page 337, |
| on the <u>15</u> | day of <u>April</u> , | 1983 of the Off | icial Records of Li | incoln County, | State of Nevada, |
| Covering t | he following described pro | operty situated i | n the State of Ne | vada. | |
| | | | | | |
| (Set Forth | Legal Description and Con | nmonly Known A | ddress) | | |
| | DESCRIPTION: | | | | |
| PARCEL | OF LAND IN SW1/4 N | E1/4 SECTION | N 31 TOWNSHIE | ? IN 69E | |

| Commonly known Address: 8674 DRT VALLET RAINCH ROAD FIOCHE, NEVADA 89043 |
|--|
| |
| |
| In Witness Whereof, I/We have hereunto set my hand/our hands on this the _2 5 th |
| October ,20 20 . |
| 120 20 |
| Gralde je Benfler Signature |
| Signature |
| GERALDINE BAXTER |
| Print or Type Name of Affidavit |
| |
| STATE OF NEVADA |
| COUNTY OF CLARK) |
| On this 21 day of October 2020, personally appeared before me, a Notary |
| 2020, personally appeared before the, 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. |
| The pass of the pa |
| |
| / Indiana and a second |
| JACOB VAN WAGONER |
| Notary Public, State of Nevada Appointment No. 05-98413-1 |
| My Commission Expires: Ot 1 7 / My Appt. Expires February 21, 2021 |
| |

Affidavit of Termination of Joint Tenant

Page 2 of 2

Initials

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

| | 4477 J 4 1 4 | | CERTIFICATE | OF DEA | TH | | - |
|--|--|---|---|----------------------|----------------------------------|--|--|
| • | LOCAL FILE NUMBER | • | | | | ' | STATE FILE NUMBER |
| TYPE OR PRINT | DECEASED-NAME First | Middle | Last | 10 | DATE OF DEATH (N | fonth, Day, Year) | COUNTY OF DEATH |
| IN PERMANENT | Philip | J. | BAXTI | ER 2 | Sept. | 6, 1994 | 3a. Clark |
| BLACK INK | CITY, TOWN, OR LOCATION OF DEATH | HOSPITAL OR OTHER | INSTITUTION-Name (If no | einer, give siree | (and number) | If Hosp or Inst. indx.4 | te DOA, OP/Emer. SEX |
| DECEDENT | 3b. Las Vegas | 3c. Shadow | Mountain Car | e Cente | | | atient 4 Male |
| DECEDENT | | is Decedent of Hispanic Originally Mexican, Cuban, Puerlo | | | UNDER 1 YE | AR UNDER 10 | AY DATE OF BIRTH (Mo , Day, Yr.) |
| | 5 White 6 | any memoral, County County | , acc. | 7a 63 | 7b. | 7c. | * Nov. 29, 1930 |
| IF DEATH | STATE OF BIRTH (If not U S A , name country) | CITIZEN OF WHAT COUNTRY | Decedent's Education grade completed | Specify highest | MARRIED, NEVER WIDOWED, DIVOR | MARRIED, | SURVIVING SPOUSE (II wife, give maiden name) |
| OCCURRED IN | se New York | 9b. U.S.A. | 10 12 | | | rried | 12 Geraldine Stanek |
| 40600X 470903 03474270N 0F | SOCIAL SECURITY NUMBER | USUAL OCCUPATION (Give Working Life, Even if Retire | s Kind of Work Dans During | Most of | KIND OF BUSINE | SS OR INDUSTRY | |
| #\$190£ 1945 | 13 | | /Painter | | 14b. | School 3 | District |
| L | RESIDENCE-STATE COUNTY | | CITY, TOWN, OR LOCAT | ON | STREET | AND NUMBER | INSIDE CITY LIMITS (Specify Yes or No.) |
| - | 15a Nevada 15b. | Clark | 15c North La | is Vegas | 15d. | 3604 Nels | |
| DADCOSTO | FATHER—NAME First | Middle | | OTHER-MAIDEN | | | Middle Last |
| PARENTS | 16. Philip | | Baxter " | - | Mar | ie | Viet |
| | INFORMANT-NAME (Type or Print) | · · · · · · · · · · · · · · · · · · · | MAILING ADORES | 5 | (Street or R.F. | D. No., City or Town, | State, Zip) |
| | 18a Geraldine | Baxter | 160 36 | 04 Nels | on, Nort | h Las Veg | as, Nevada 89030 |
| | BURIAL, CREMATION, REMOVAL, OTHER | (Specify) CEMETER | Y OR CREMATORY - NAME | - | - | LOCATION | City or Town State |
| DISPOSITION | 198. , Cremation | | | s Crema | tory | 19c. Las | Vegas Nevada |
| DISPOSITION | FUNERAL DIRECTOR—SIGNATURE | FUNERAL | DIRECTOR YAVE AND A | DOMESS OF FAC | ILITY B | unker Mor | tuary |
| | 20a. * Williell | 205 | 70 × 925 | | as Blvd. | No., Las | Vegas, Nevada 89101 |
| | 2 21s. To the best of my knowledge of due to the cause(s) stated. | ath occurred at the lime, day | and place and | 22: | a. On the basis of e | xamination and/or invited and place and due to | seligation, in my opinion death occurred the cause(s) and manner stated. |
| | 21s. To the best of my knowledge, and due to the cause(s) states of the control o | \rightarrow \cdot \cdot \cdot | | | gnature and Title) | | |
| | DATE SIGNED (Mg., Date Yr.) | HOUR OF DEA | ATH . | 9.0 | TE SIGNED (Mo., C | Day, Yr.) | OUR OF DEATH |
| CERTIFIER | 8\ 21b. 9/7/9 | | :15 p.m. | S 221 | - 100 | - AT | 226. |
| Gamma | NAME OF ATTENDING RHYSIC | AN IF OTHER THAN CERTIF | ERITIFE V PON | 2 g PA | ONOUNCED DEAD | (Mo., Day, Yr.) | PRONOUNCED DEAD (Hour) |
| | - 210 | | | | 1. ON | | ze. AT |
| | NAME AND ADDRESS OF CERT | TIFIER (PHYSICIAN, ATTEND | ING PHYSKIAN WEDICAL | EXAMINER, OR | CORONER). (Type o | or Print.) | LICENSE NUMBER |
| | Blaine Purce | ≥11, M.D., 57 | 701 W. Charle | ston, L | as Vegas | , NV 8910 | 2 230 5 70 6 |
| COMOGRAM | mauri | witne Die | ATE RECE | SEP 0 | RARIMO, Dey, Ye.) | DEATH DUE TO CO | DMMUNICABLE DISEASE |
| MACH SAME | M. MARCHATE CALLE / SHIPTON | upon lip | - Pa | OLF O | 1001 | 24c. YES | |
| CAUSE | The state of the state of | ONE CAUSE PER LINE FO | m 2 100 1 | \ \ \\ \\ \. | ch | 1/2 | Interval between onset and death |
| STATING THE UNDERLYING | PART 181 CV CV | ~ (O D) | grueture | 5 100 | rong | welle | in general |
| CAUSE LAST | 1 DA CONSEG | UENCE OF: | \ \ | \ . | 0 | \ / | interval Softween onset and death |
| حــا ـ ا | DUE TO, OR AS A CONSEQ | noun | | | | | • Interval between onset and death |
| <u> </u> | DOE TO, OH AS A CONSECU | JENGE.OF: | / | | and the second second | | Interval between onset and death |
| CAUSE OF | (c) OTHER SIGNIFICANT CONDITIO | NS. Conditions contribution to | to the first but the state of the | | given in Part I | AUTOPSY (Spe | -it- WAS CASE REFERRED TO |
| DEATH | PART OTHER SIGNIFICANT CONDITIO | NO CONTROLS COMMONING | - ~ · · · · · · · · · · · · · · · · · · | - 5 041,741,9 021,01 | • | | |
| | ACC, SUICIDE HOM, UNDET TOUTE OF | INJURY (May, Day, Yr.) HOU | A DESCRIPTION | PIBE HOW INJU | | e No | 27. No |
| No. of Concession, Name of Street, or other Persons, Name of Street, or other Persons, Name of Street, Original Persons, Original Pe | OR PENDING INVEST | | U 28c | | | | |
| | (Specify) 28a. INJURY AT WORK PLACE C | FINJURY—At home, farm str | | TION | STREET OR R.F. | D No C | TY OR TOWN STATE |
| - | (Specify Yes or No) 28e. 28f. | building, etc /Som | ow // | | | | - |
| AND DESCRIPTION OF THE PERSON | 281. | 7 | ?8g | /_ | | | |

No.066314

STATE REGISTRAR

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

OT VALID WITHOUT THE AISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

005171

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: M&W