

LINCOLN COUNTY, NV

2021-159674

\$37.00

Rec:\$37.00

03/03/2021 02:27 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 3 KE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 004-151-43
File No: 13896-2606095 (RD)

When Recorded return to, and mail Tax Statements to:
Trisha R. Taylor
580 Cottonwood Street
Alamo NV 89001

AFFIDAVIT - TERMINATING JOINT TENANCY

Trisha R. Taylor, of legal age, being first duly sworn, deposes and says:

That **Eric Mark Lee**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Eric Mark Lee** named as one of the parties in that certain **Grant Bargain & Sale Deed** dated **July 27, 2006** executed by **Derek Floyd Foremaster and Megan Lynette Foremaster** to **Trisha R. Taylor and Eric Mark Lee** as joint tenants, recorded as Document No. **126937** on **July 31, 2006** in Book **NA** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

LOT 1 OF PARCEL 16-4 OF THAT CERTAIN PARCEL MAP RECORDED JUNE 20, 1988 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA IN BOOK A OF PLATS, PAGE 289 AS FILE NO. 89029, LINCOLN COUNTY, NEVADA RECORDS.

 2-26-21

Trisha R. Taylor

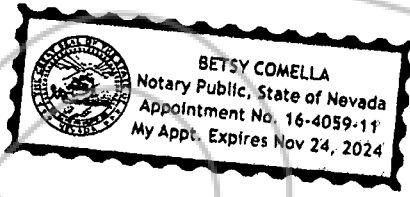
Date

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this:
26th day of February, 2021

By: **Trisha R. Taylor**

Betsy Comella
Notary Public
(My commission expires: 11-24-24)



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Eric Mark LEE		2. September 14, 2006	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Rural Clark County		3c. US 93 MM 59	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6.	
AGE—Last Birthday (Years)		UNDER 1 YEAR MOS : DAYS	
7a. 31		7b. :	
UNDER 1 DAY HOURS : MINS		DATE OF BIRTH (Mo., Day, Yr.)	
7c. :		8. Nov. 28, 1974	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Utah		9b. USA	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13. [REDACTED]		14a. Firefighter	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Alamo	
COUNTY		STREET AND NUMBER	
15b. Lincoln		15d. 150 W. 2nd N.	
INSIDE CITY LIMITS (Specify Yes or No)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
15e. No		11. Married	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Rollin Kim Lee		17. Linda Diane O'Connor	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Trisha Lee - Wife		18b. PO Box 442, Alamo, Nevada 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Panaca Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. Brian E. Rubman		20b. 49	
NAME AND ADDRESS OF FACILITY		LOCATION City or Town State	
20c. MOAPA VALLEY MORTUARY		19c. Panaca Nevada	
20c. PO Box 797, Logandale, Nevada 89021			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and by the cause(s) and manner stated.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b.		22b. 09/18/06	
HOUR OF DEATH		HOUR OF DEATH	
21c.		22c. Bef. 8:00 P.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON 9/14/06	
		22e. AT 8:00 P.M.	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER	
23a. John Fudenberg, Assist. Coroner, 1704 Pinto Lane, Las Vegas, NV		23b. N/A	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature] Deputy		24b. SEP 18 2006	
DEATH DUE TO COMMUNICABLE DISEASE			
24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Multiple blunt force injuries		:	
DUE TO, OR AS A CONSEQUENCE OF:		:	
(b) Motor vehicle collision		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		:	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
		26. Yes	
		27. Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. Accident		28b. Sept. 14, 2006	
		HOUR OF INJURY	
		28c. Approx.: 4:30 P. M.	
INJURY AT WORK (Specify Yes or No)		DESCRIBE HOW INJURY OCCURRED	
28e. No		28d. driver who lost control over his car	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE	
28f. Highway		28g. US 93 MM 59, Rural Clark County, Nevada	


STATE REGISTRAR

No. 339215

“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

DONALD S. KWALICK, MD, M.P.H.
Registrar of Vital Statistics

By: 

Date Issued: SEP 18 2006

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 3902
Las Vegas, Nevada 89127
702-383-1223
Tax ID# 88-0151573