

APN No.: 004-031-23, 004-031-22  
Escrow No.: 21-106639

LINCOLN COUNTY, NV **2021-159729**  
\$37.00  
Rec:\$37.00 **03/16/2021 02:00 PM**  
WFG NATIONAL TITLE COMPANY OF NEVADA Pgs=3 AK  
**OFFICIAL RECORD**  
**AMY ELMER, RECORDER**

**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**

Robin L. Puetz  
*124 Palma Del Rio*  
*Las Vegas, NV 89110*

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA } ss  
COUNTY OF Clark

Robin L. Puetz, of legal age, being duly sworn, deposes and says

That Deceased, Timothy L. Puetz, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as name on title named as one of the parties in that certain type of document dated 8-2-2008 executed by Jerry J. Johnston to Timothy L. Puetz and Robin L. Puetz, husband and wife as joint tenants, recorded 11-24-2008 in/as Book 246, Page 0006, Doc No. 0132948, Official Records of Lincoln County, NEVADA, covering the following described property.

**See Attached Exhibit "A"**

Dated this 15 day of March, 2021

*Robin L. Puetz*  
\_\_\_\_\_  
Robin L. Puetz

STATE OF NEVADA } ss:  
COUNTY OF Clark

This instrument was acknowledged before me on this 15 day of March, 2021 by Robin L. Puetz.

*Melanie G. Retter*  
\_\_\_\_\_  
Notary Public for Nevada



**EXHIBIT A  
LEGAL DESCRIPTION**

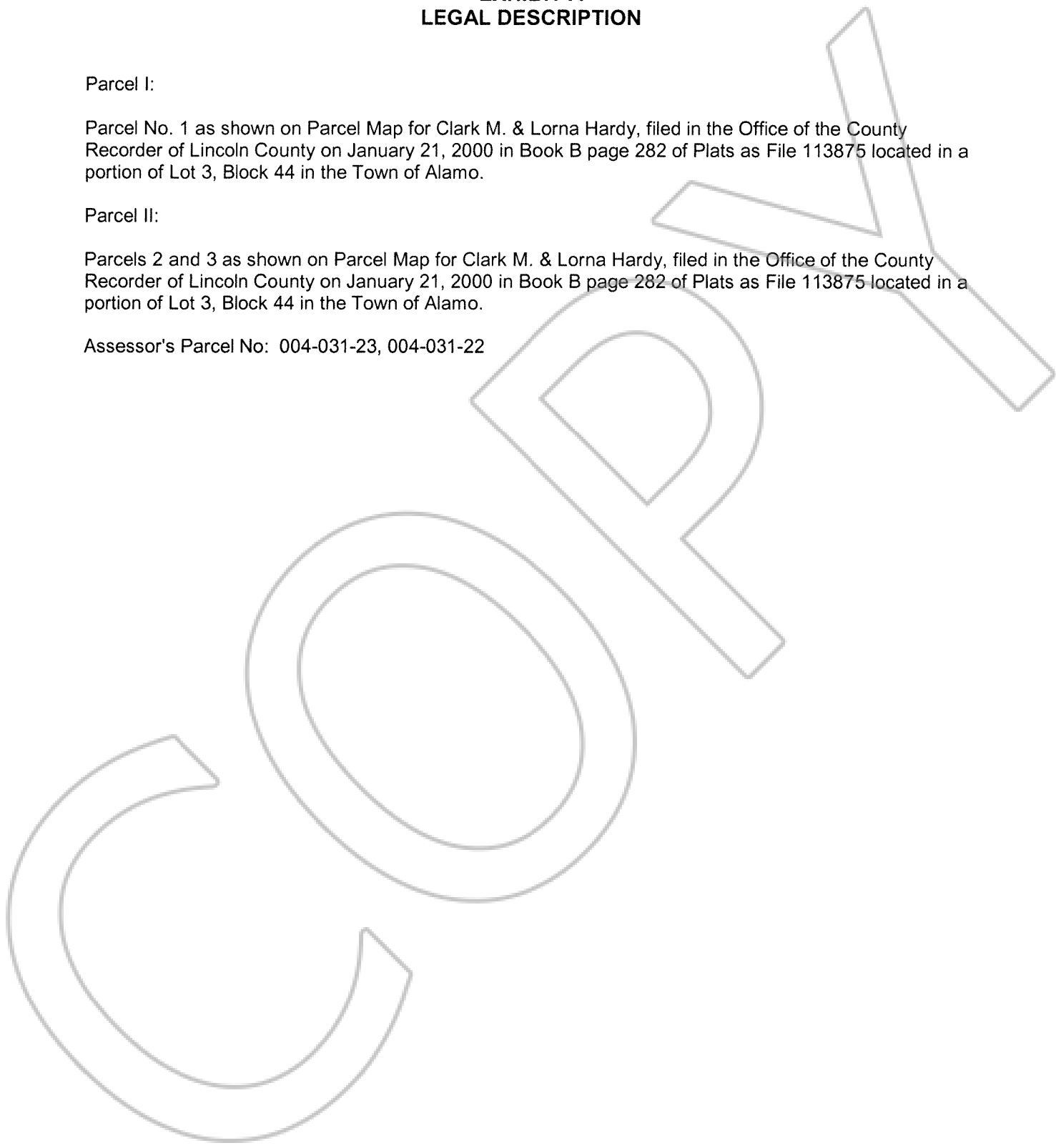
Parcel I:

Parcel No. 1 as shown on Parcel Map for Clark M. & Lorna Hardy, filed in the Office of the County Recorder of Lincoln County on January 21, 2000 in Book B page 282 of Plats as File 113875 located in a portion of Lot 3, Block 44 in the Town of Alamo.

Parcel II:

Parcels 2 and 3 as shown on Parcel Map for Clark M. & Lorna Hardy, filed in the Office of the County Recorder of Lincoln County on January 21, 2000 in Book B page 282 of Plats as File 113875 located in a portion of Lot 3, Block 44 in the Town of Alamo.

Assessor's Parcel No: 004-031-23, 004-031-22



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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

CASE FILE NO. 4116731

2019024586  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

EDECENT

IF DEATH  
OCCURRED IN  
HOSPITAL SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

POSITION

DE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
BY WHICH  
DEATH AROSE  
OR RISE TO  
MEDIATE  
CAUSE  
INCLUDING THE  
UNDERLYING  
CAUSE LAST

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Tim L PUETZ</b>   |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>November 24, 2019</b>  |   | 3a. COUNTY OF DEATH<br><b>Clark</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Las Vegas</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address)<br><b>Valley Hospital Medical Center</b>  |   | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm.<br><b>Inpatient(Specify) Intensive Care Unit (ICU)</b>          |  |
| 5. RACE (Specify)<br><b>White</b>  |  | 6. Hispanic Origin? Specify<br><b>No - Non-Hispanic</b>   |   | 7a. AGE-Last birthday (Years)<br><b>60</b>   |  |
| 7b. UNDER 1 YEAR<br><b>MOS DAYS</b>  |  | 7c. UNDER 1 DAY<br><b>HOURS MINS</b>  |   | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>March 07, 1959</b>  |  |
| 9a. STATE OF BIRTH (If not US/CA, name country)<br><b>Washington</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>14</b>   |  |
| 11. MARITAL STATUS (Specify)<br><b>Married</b>   |  | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)<br><b>Robin HELMSTADT</b>   |   |  |  |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>  |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year)<br><b>President of Reliable Steel</b>  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Steel Construction</b>   |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>  |  | 15b. COUNTY<br><b>Clark</b>   |   | 15c. CITY, TOWN OR LOCATION<br><b>Las Vegas</b>  |  |
| 15d. STREET AND NUMBER<br><b>124 Palma Del Rio</b>   |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>No</b>  |   |  |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Robert PUETZ</b>   |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Jo Alice LARSON</b> |  |  |
| 18a. INFORMANT - NAME (Type or Print)<br><b>Jared PUETZ</b>  |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>124 Palma Del Rio Las Vegas, Nevada 89110</b>  |   |  |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Cremation</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Desert Crematory</b>  |   | 19c. LOCATION City or Town State<br><b>Las Vegas Nevada 89101</b>  |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)<br><b>KRISTEN E ANDERSON</b><br><b>SIGNATURE AUTHENTICATED</b>  |  | 20b. FUNERAL DIRECTOR LICENSE NUMBER<br><b>FD860</b>  |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Sunrise Cremation Society</b><br><b>401 Max Court Henderson NV 89011</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)<br><b>[Signature]</b>  |  | 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)<br><b>CHIARA A MANCINI DO</b><br><b>SIGNATURE AUTHENTICATED</b> |   |  |  |
| 21b. DATE SIGNED (Mo/Day/Yr)<br><b>December 16, 2019</b>   |  | 21c. HOUR OF DEATH<br><b>17:54</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)<br><b>December 16, 2019</b>   |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br><b>[Blank]</b>   |  | 22c. HOUR OF DEATH<br><b>17:54</b>  |   | 22d. PRONOUNCED DEAD (Mo/Day/Yr)<br><b>November 24, 2019</b>   |  |
| 22e. PRONOUNCED DEAD AT (Hour)<br><b>17:54</b>   |  | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)<br><b>Chiara A Mancini DO 1704 Pinto Lane Las Vegas, NV 89106</b>   |   |  |  |
| 23b. LICENSE NUMBER<br><b>DO2430</b>   |  | 24a. REGISTRAR (Signature)<br><b>NANCY BARRY</b><br><b>SIGNATURE AUTHENTICATED</b>  |   |  |  |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>December 17, 2019</b>  |  | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>  |   |  |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)   |  |   |   |  |  |
| PART I   |  |   |   |  |  |
| (a) <b>Non-Traumatic Intracerebral Hemorrhage (Hemorrhagic Stroke)</b>   |  |   |   |  |  |
| 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 1.<br><b>Hypertension And Atrial Fibrillation On Therapeutic Anticoagulation</b> |  |   |   |  |  |
| 26. AUTOPSY (Specify Yes or No)<br><b>No</b>   |  | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>Yes</b>  |   |  |  |
| 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

AKA: Timothy L PUETZ

AKA: Timothy Lee PUETZ

VRS-Rev-20120523a

"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.

**DEC 17 2019**

DATE ISSUED:

Registrar 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

