

APN: 013-030-38  
R.P.T.T.:

**After Recording, Return and  
Mail Tax Statements To:**

Leonard L. Anderson  
PO 884  
Caliente, NV 89008

**Send Subsequent Tax Bills To:**

Leonard L. Anderson  
PO 884  
Caliente, NV 89008



OFFICIAL RECORD  
AMY ELMER, RECORDER

## AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

Leonard L. Anderson., being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Leonard L. Anderson, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on March 12, 2003, as document # 119761, in book 171, page 56, of the official records in the Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as Caliente and described as follows:  
  
Parcel 8 of Parcel Map for Paul V. Long & Patricia M. Livreri recorded August 5, 1999 in Plat Book 8 Page 231 as File No. 113156 in the Office of the County Recorder of Lincoln County, situated within Government Lot 4, Section 2, Township 3 South, Range 67 East, M.D.B.&M.  
  
(Legal Description appears previously in a Joint Tenancy Deed recorded March 12, 2003 as document # 119761, in book 171, page 56, located in the Lincoln County, Nevada Recorder's Office)  
  
More commonly known as: 4932 Long Acres Ln, Caliente, NV 89008
4. Winnie Gale Anderson, (the decedent) was one of the Grantees named in said Deed and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was the Spouse of the Affiant.
6. This Affidavit is made for the purpose of terminating the Joint Tenancy between of the Decedent in the described property, said title now vesting in me, Leonard L. Anderson.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Leonard L. Anderson  
Leonard L. Anderson

State of Nevada

County of Lincoln

This instrument was acknowledged before me on this 12<sup>th</sup> day of March, 2021,  
by Leonard L. Anderson.

(Notary stamp)



Betsy Comella  
(Signature of notarial officer)

COOPER

**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. 4086517

2019012161  
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

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Winnie Gale ANDERSON</b>			2. DATE OF DEATH (Mo/Day/Year) <b>June 10, 2019</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION: Name (If not either, give street and city) <b>Nathan Adelson Hospice</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient (Specify) <b>Hospice Facility (HFS)</b>		4. SEX <b>Female</b>
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	7a. AGE-Last birthday (Years) <b>75</b>	7b. UNDER 1 YEAR MOS: _____ DAYS: _____	7c. UNDER 1 DAY HOURS: _____ MINS: _____	8. DATE OF BIRTH (Mo/Day/Yr) <b>April 15, 1944</b>
9a. STATE OF BIRTH (If not US/CA, name country) <b>Texas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	10. EDUCATION <b>12</b>	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Leonard ANDERSON</b>
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of _____) <b>HOMEMAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		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>4932 Long Acres Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>
16. FATHER/PARENT - NAME (First Middle Last Suffix) / <b>MJELIGAN</b>				17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>GREEN</b>		
18a. INFORMANT - NAME (Type or Print) <b>Leonard ANDERSON</b>			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>P.O. Box 884 Caliente, Nevada 89008</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>		
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) <b>KRISTEN E ANDERSON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD860</b>	20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial</b> <b>1111 Las Vegas Blvd N 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>LESLIE HUNTER-JOHNSON APRN</b> SIGNATURE AUTHENTICATED			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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>June 13, 2019</b>		21c. HOUR OF DEATH <b>08:57</b>	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			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>Leslie Hunter-Johnson APRN 2160 N Rainbow Las Vegas NV 89108</b>					23b. LICENSE NUMBER <b>APRN002142</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 21, 2019</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).)					Interval between onset and death	
PART I: (a) <b>Acute Respiratory Failure</b>					<b>7 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(b) <b>Pulmonary Edema</b>					<b>7 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(c) <b>Pulmonary Nodules</b>					<b>7 Days</b>	
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death	
(d) <b>Chronic Obstructive Pulmonary Disease</b>					<b>Years</b>	
PART II: OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Tobacco Abuse</b>					26. AUTOPSY (Specify Yes or No) <b>No</b>	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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

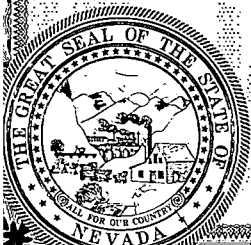
LOCAL REGISTRAR

"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 authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: JUN 25 2019

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



VRS-Rev-20120523a

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE