

APN: 013-030-30

When Recorded Mail to:  
and Mail Tax Statements to:  
Patricia Long  
4859 Long Acres Lane  
Caliente, NV 89008

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                  ) ss:  
COUNTY OF CLARK     )

PATRICIA LIVRERI, does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declare the following:

- 1. That I am the Surviving Joint Tenant of PAUL LONG, who is deceased.
- 2. That Paul Long died in Lincoln County, Nevada, on or about the 27<sup>th</sup> day of August, 2020. A certified copy of the Death Certificate of the Deceased is attached to this Affidavit, marked Exhibit "A."
- 3. The undersigned and Paul Long acquired title as Joint Tenants to a parcel of real property situated in Lincoln County, Nevada and the legal description of the real property is as follows:

PCL 1 OF LONG MAP B/154

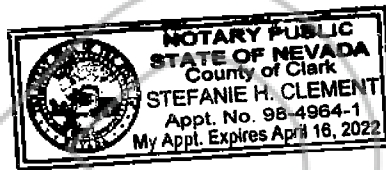
- 4. At the time of death of Paul Long, title to the real property described in paragraph three (3) above continued to be held by Paul Long and Patricia Livreri as Joint Tenants. As a result of the death of Paul Long and the joint tenancy form of title, the real property described in paragraph three (3) above is now owned by PATRICIA LIVRERI.

DATED THIS 10 day of March, 2021

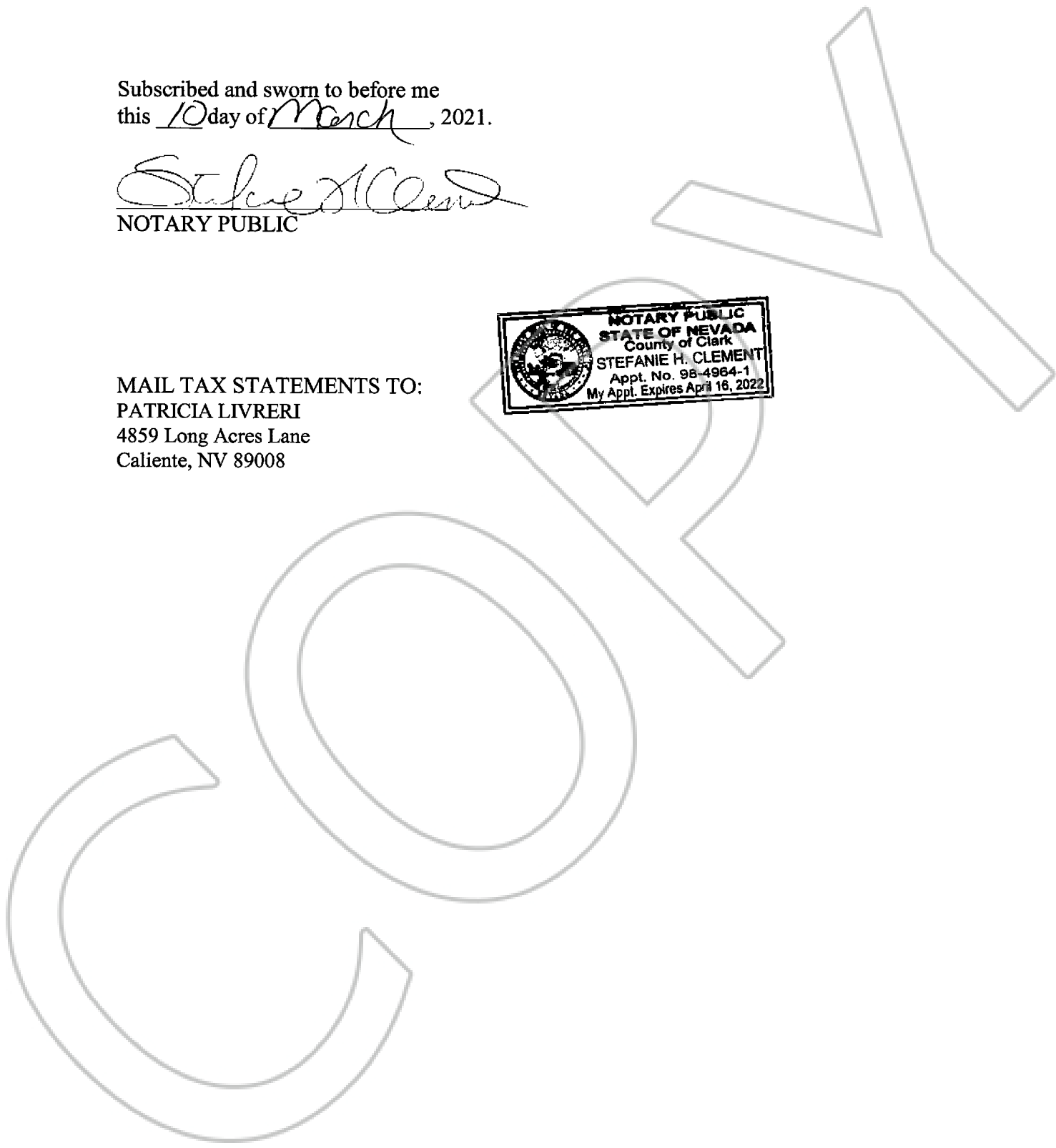
*Patricia Livreri Long*  
PATRICIA LIVRERI LONG  
F/K/A PATRICIA LIVRERI

Subscribed and sworn to before me  
this 10 day of March, 2021.

  
NOTARY PUBLIC



MAIL TAX STATEMENTS TO:  
PATRICIA LIVRERI  
4859 Long Acres Lane  
Caliente, NV 89008



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

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

CASE FILE NO. 4164511

**CERTIFICATE OF DEATH**

2020019437  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
REQUIREMENTS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

COND. INDICIF  
ANY FROM  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Paul Vernon LONG</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 27, 2020</b>		3i. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION (Name) (First other give street & number) <b>Grover C Dils Medical Center</b>		3d. Hosp or Inst. P.O. Box, Email, etc. <b>Dead On Arrival (DOA)</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last (Mo/Day/Year) <b>72</b>	
9a. STATE OF BIRTH (If not U.S. state, name country) <b>Iowa</b>		9b. CITY/TOWN OF BIRTH COUNTRY <b>United States</b>		9c. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. US. UNL. OCCUPATION (Give kind of work done during most of life) <b>Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
16. FATHER/PARENT NAME (First, Middle, Last, Suffix) <b>Ralph Ansel LONG</b>		17. MOTHER/PARENT NAME (First, Middle, Last, Suffix) <b>Anna Harriet JOHNSON</b>			
18a. INFORMANT NAME (Type or Print) <b>Patricia Mary LONG</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>PO Box 25 Caliente, Nevada 89008</b>			
19a. BURIAL CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town, State <b>Cedar City Utah 84720</b>	
21. FUNERAL DIRECTOR'S SIGNATURE (or Person Acting as Such) <b>TODD BOYER</b>		21b. FUNERAL DIRECTOR'S LICENSE NUMBER <b>FD807</b>		21c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>R William Katschke MD P.O. Box 1010 Caliente, NV 89008</b>					
24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) <b>September 08, 2020</b>		24c. DEATH DUE TO CORONARY DISEASE? <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)) <b>Cardiac Arrest</b>					
a. DUE TO, OR AS A CONSEQUENCE OF <b>Hypertension</b>				Interval between onset and death <b>Years</b>	
b. DUE TO, OR AS A CONSEQUENCE OF <b>Hyperlipidemia</b>				Interval between onset and death <b>Years</b>	
c. DUE TO, OR AS A CONSEQUENCE OF <b>Obesity</b>				Interval between onset and death <b>Years</b>	
PART 1: OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not resulting in the underlying cause given in Part 1)					
26. AUTOPTSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28a. ADDRESS (City or Town, Street, P.O. Box, etc.) <b>[REDACTED]</b>		28b. DATE OF INJURY (Mo/Day/Year) <b>[REDACTED]</b>		28c. HOUR OF INJURY <b>[REDACTED]</b>	
29. INJURY AT WORK (Specify Yes or No) <b>[REDACTED]</b>		30. PLACE OF INJURY - At home, farm, street, factory, office, ship, etc. (Specify) <b>[REDACTED]</b>		31. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE <b>[REDACTED]</b>	

**CERTIFIED COPY OF VITAL RECORDS**

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **9/11/2020**

*John Gray*  
STATE REGISTRAR

This copy is not valid unless prepared on engraved order or slaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

