APN:	006-291-20
_	ng Requested by and Mail Documents Statement To:
Name:	GERALDINE BAXTER
Address:	617 BULLWHIP COURT
City/State	e/Zip:HENDERSON, NEVADA 89011

LINCOLN COUNTY, NV \$37.00
Rec:\$37.00
LEGAL FORMS NEVADA
OFFICIAL RECORD

2021-159928
04/20/2021 03:33 PM
Pgs=3 AE

AMY ELMER, RECORDER

## **AFFIDAVIT-TERMINATION OF JOINT TENANT**

Death of A Joint Tenant

, GERALDINE BAXTER	, the Affidant,
being of legal age, and being first duly sworn, deposes and says:	
That PHILIP J. BAXTER	
the Decedent mentioned in the attached certified copy Certificate of Death, is the as,PHILIP BAXTER	e same person , who is named as one
of the parties in the certain (Type of Deed) GRANT, BARGAIN, SALE	<b>DEED</b> dated
on the 28th day of April , 1983, to PHILIP BAXTER and GE	RALDINE BAXTER,
Husband and Wife	\
Known as Grantees, as Joint Tenants, as recorded as Instrument Number775	9 Book 54 Page 337,
on the <u>15</u> day of <u>April</u> , <u>1983</u> of the Official Records of Clark County,	State of Nevada,
Covering the following described property situated in the County of <u>Lincoln</u>	, State of Nevada.
(Set Forth Legal Description and Commonly Known Address)	
LEGAL DESCRIPTION:	
LOT 1, PARCEL 2 OF DRY VALLEY TRACT PLAT "A", PAGE 160 SITU SW1/4 NE1/4 SEC. 31, T. 1 N., R. 69 E., M.D.M., LINCOLN COUNTY, NEV	
MORE PARTICULARY DESCRIBED AS LOT 1 DRY VALLEY TRACT	PARCEL 2 1.00 ACRE
43560 SQ. FT. BOOK 54, PAGES 336-337.	

Commonly Known Address: 8674 DRY VALLEY RANCH ROAD, PIOCHE, NV 89043
In Witness Whereof, I/We have hereunto set my hand/our hands on this the <u>20th</u> day of <u>April</u> , 20 <u>21</u> .
Signature POP
PATRICIA A. ELDER, P.O.A. for GERALDINE BAXTER
Print or Type Name of Affidavit
STATE OF NEVADA } COUNTY OF CLARK }
On this <u>20</u> day of <u>April</u> 20 <u>21</u> , personally appeared before me, a Notary
Public, PATRICIA A. ELDER, Power of Attorney for 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 _She executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.
NOTARY PUBLIC  JACOB VAN WAGONER  STATE OF NEVADA - COUNTY OF CLARK MY APPOINTMENT EXP. JAN. 4, 2025 No: 21-7902-01

Affidavit of Termination of Joint Tenant

Page 2 of 2

	STATE OF NEVADA - DEPARTMENT OF ROMAN RESOURCES											
_	- 005474	DIVISION OF	DIVISION OF HEALTH — SECTION OF VITAL STATISTICS									
		1	CERTIFICATI	E OF DEA	NI H							
TYPE	LOCAL FILE NUMBER DECEASED—NAME First	Middle	Last		STATE FILE NUMBER							
OR PRINT					DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH					
PERMANENT BLACK INK	1 Philip CITY, TOWN, OR LOCATION OF DEATH	J.	BAXT:		2 Sept. 6		3a. C]	ark ISEX				
	•	'			R	n. Inpatient (Specif	0					
DECEDENT	- Las vegas	Was Decedent of Hispanic Original Mexican, Cuban, Puerto	Mountain Ca	re Cente	UNDER 1 YEA		atient  AY_DATE OF BIRTH	4 Male				
	indian, etc) (Specify) s  S White	specify Mexican, Cuban, Puerto	Rican, etc.	Birthday (Ye	ars) MOS DAY:	HOURS N		1				
IF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTR	Y Decedent's Education grade completed		•		SURVIVING SPOUSE (If	29, 1930 write, give maiden name)				
OCCURRED IN	new York	U.S.A.	grade completed			ED ried	. Geraldir	e Stanek				
JAOSOOK JARONG	SOCIAL SECURITY NUMBER		e Kind of Work Done During	Most of	KIND OF BUSINES		12 0014111	ie beanek				
COMPLETION OF PESCOPICE TEXTS	13		r/Painter	146.		School District		1				
1.	RESIDENCE—STATE COUN	TY .	CITY, TOWN OR LOCAT	TION	STREET A	NO NUMBER	INSIDE	CITY LIMITS				
<b>→</b> į	15a Nevada 15b.	Clark	15c North L	as Vegas	15d. 3	604 Nels		Yes or No)				
PARENTS	FATHER-NAME First	Middle		OTHER-MAIDE			Middle	Last				
MUSUIS	16 Philip		Baxter	7	Mari	e	V	iet				
	INFORMANT—NAME (Type or Print)		MAILING ADDRES	S	(Street or R.F.D.	No., City or Town,	State, Zip)	1				
	18a Geraldine						as, Nevada					
1	BURIAL, CREMATION, REMOVAL, OTHE	R (Specify) CEMETER	Y OR CREMATORY - NAMI	A PROPERTY OF THE PARTY OF THE	-	OCATION	City or Town	State				
DISPOSITION	19a., Cremation	19b. ]	Memory Garde	ns Crema	atory '	9c. Las	Vegas	Nevada				
<u></u>	FUNERAL DIRECTOR—SIGNATURE	FUNERAL	DIRECTOR NAME AND	NOORESS OF FA	Bu	nker Mor	tuary					
· ·	20a. 21a. To the best of my knowledge.	20b		Las Veg	gas Blvd.	No., Las	Vegas, Ne	vada 89101				
ſ	oue to the cause(s) stated.		e and page 50	- E-			restigation, in my opinior the cause(s) and manne	or stated.				
	(Signature and Title)  DATE SIGNED (Mg., Del. Yr)	THOUR OF DE	ATH		Signature and Title) ATE SIGNED (Mo., Da		HOUR OF DEATH					
	ED 21b 9/7/	21/	/			1	22c.					
CERTIFIER	NAME OF ATTENDING PHYS		1 7.13 P.U.			ONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD						
	CERIC		,	۽ آ	2d. ON		on- 47					
	NAME AND ADDRESS OF CE	RTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN MEDICAL				22e. AT LICENSE NU	ABER				
	3laine Pur	cell. M.D., 5	701 W. Charl	eston.	Las Vegas.	NV 8910		70 G				
COMOTONS	PEGSTAF	12	SATE REC	E VED BY REGIS	TRAR (Mo , Cay, Yr)	DEATH DUE TO C	OMMUNICABLE DISEA	SE				
THE THE	The server of th											
MACH	ZE MANEUR CASE / EVEROR	LY ONE CAUSE PET LINE F	74 1 14C	1	. /.	7/2	Interval between	n onset and death				
STATIVETHE UNDERLING I	exer i Uhro	ric Obs	juelen	$ \frac{\gamma_0}{2}$	Mucy	We	air ge	٠ کسه				
CALSE JUST	DUE TO OR AS A CONSE	EQUENCE OF:	1	- N	$\sigma$	. 2	Interval betwee	n onset and death				
احا	(b) Pre	inne		\		<u> </u>	:	n onset and death				
	DUE TO, OR AS A CONSE	FORETIOE OF:	,	\ \		-	interval betwee	n onset and death				
CAUSE OF	(c) OTHER SIGNIFICANT CONDIT	TONS Conditions contribution	to small that will result on an	The orderhand Call	se given in Part I Al	ITOPSY (Sc	ecity WAS CASE REF CORONER (Spec	ERRED TO				
DEATH	PART II	TOTO ODIONOIS CONTINUOUS	•	, , , , , , , , , , , , , , , , , , , ,	26		r Nó) CORONER (Spec					
-	ACC., SUICIDE, HOM., UNDET., DATE	OF INJURY (Ma., Day, Yr.) HO	JA JE INJUAY DES	CPIBE HOW INJ	URY OCCURRED	110		<del></del>				
And the second	OR PENDING INVEST. (Specify)	28c	V 28c	/								
	INJURY AT WORK PLACE	E OF INJURY—At home, farm s		ATION	STREET OR R.F.C	No C	ITY OR TOWN S	STATE				
And the second	(Specify Yes or No) 28e. 28i.	building, etc (Sa	289		_							
A		The same of the sa					1 0000	4 4				

No.066314

STATE REGISTRAR

\*\*\*CERTIFIED TO BEA TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF STALL STATISTICS, STATE OF NEVADA.\*\* This copy was issued by the Clark County Health District from State semified 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

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: M&W