

APN: 006-291-20

Recording Requested by and Mail Documents  
and Tax Statement To:

Name: GERALDINE BAXTER

Address: 617 BULLWHIP COURT

City/State/Zip: HENDERSON, NEVADA 89011

# AFFIDAVIT-TERMINATION OF JOINT TENANT

## Death of A Joint Tenant

I, GERALDINE BAXTER, the Affiant,  
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 same person

as, PHILIP BAXTER, who is named as one  
of the parties in the certain (Type of Deed) GRANT, BARGAIN, SALE DEED dated  
on the 28th day of April, 1983, to PHILIP BAXTER and GERALDINE BAXTER,  
Husband and Wife

Known as Grantees, as Joint Tenants, as recorded as Instrument Number 7759 Book 54 Page 337,  
on the 15 day of April, 1983 of the Official Records of Clark County, State of Nevada,  
Covering the following described property situated in the County of Lincoln, 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 SITUTATED WITHIN THE  
SW1/4 NE1/4 SEC. 31, T. 1 N., R. 69 E., M.D.M., LINCOLN COUNTY, NEVADA**

**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 20th day of April, 20 21.

*Patricia A. Elder P.O.A.*

Signature

**PATRICIA A. ELDER, P.O.A. for  
GERALDINE BAXTER**

Print or Type Name of Affidavit

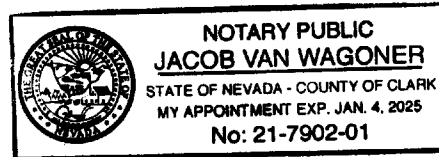
STATE OF NEVADA        )  
  )  
COUNTY OF CLARK        )

On this 20 day of April 20 21, 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.

*Jacob Van Wagoner*  
NOTARY PUBLIC

My Commission Expires: 01-04-2025



005474

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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER		STATE FILE NUMBER	
	DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
DECEDENT	1 Philip J. BAXTER		2 Sept. 6, 1994	
	CITY, TOWN, OR LOCATION OF DEATH: 1b Las Vegas		3a Clark	
IF DEATH OCCURRED IN INSTITUTION AND BOOK DURING OPERATION OF RESIDENCE TAG	3c Shadow Mountain Care Center		4 Male	
	5 White		6 Nov. 29, 1930	
PARENTS	16 Philip Baxter		17 Marie Viet	
	18a Geraldine Baxter		18b 3604 Nelson, North Las Vegas, Nevada 89030	
DISPOSITION	19a Cremation		19b Memory Gardens Crematory	
	20a [Signature]		20b [Signature]	
CERTIFIER	21a 9/7/94		21c 4:15 p.m.	
	23a Blaine Purcell, M.D., 5701 W. Charleston, Las Vegas, NV 89102		23b 5706	
CAUSE OF DEATH	24a [Signature]		24c SEP 07 1994	
	25a Chronic obstructive Pulmonary Disease		25b Pneumonia	
CAUSE OF DEATH	26 No		27 No	
	28a ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST.		28b DATE OF INJURY (Mo., Day, Yr.)	
CAUSE OF DEATH	28c PLACE OF INJURY		28d LOCATION	
	28e INJURY AT WORK		28f STREET OR R.F.D. NO.	

No. 066314

STATE 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 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

OTTO RAVENHOLT, M.D.  
Registrar of Vital Statistics

By: mfw