

LINCOLN COUNTY, NV

2021-160421

\$37.00

Rec:\$37.00

05/24/2021 01:57 PM

FIRST AMERICAN TITLE INSURANCE COMPANY - 2 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 001-121-08  
File No: 13895-2624669 (TV)


When Recorded return to, and mail Tax Statements to:  
Michael R. Turley  
921 Marie Street  
Pahrump, NV 89060

### AFFIDAVIT - TERMINATING JOINT TENANCY

Michael R. Turley, of legal age, being first duly sworn, deposes and says:

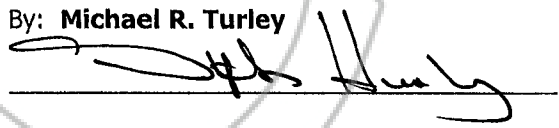
That **Patricia Sears**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Patricia Sears** named as one of the parties in that certain **QuitClaim Deed** dated **May 14th 2009** executed by **John Turley** to **Patricia Sears and Michael R. Turley** as joint tenants, recorded as Document No. **0133816** on **May 27, 2009** in Book **248** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

**ALL OF LOTS TWENTY-ONE (21), TWENTY-TWO (22), TWENTY-THREE (23) AND TWENTY-FOUR (24) IN BLOCK TWENTY-FOUR (24) IN THE SAID TOWN OF PIOCHE, NEVADA, TOGETHER WITH ANY AND ALL IMPROVEMENTS SITUATE THEREON AND THE CONTENTS THEREIN.**

  
Michael R. Turley      05-19-2021 date

STATE OF South Dakota )  
COUNTY OF Pennington ) :ss.

This instrument was acknowledged before me on this:  
19 day of May 2021

By: **Michael R. Turley**  


**STEPHANIE HURLEY**  
NOTARY PUBLIC - SEAL  
SOUTH DAKOTA

Notary Public  
(My commission expires: 5-3-2024)

**CERTIFICATION OF VITAL RECORD**

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

2014018192  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Patricia Fern SEARS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 04, 2014</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or Apt #) <b>Apt #8 Hollywood Way</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>80</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>May 12, 1934</b>		9a. STATE OF BIRTH (If not U.S.A.) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>10</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE (Maiden name)	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
DISPOSITION	15d. STREET AND NUMBER <b>Apt #8 Hollywood Way</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Marion TURLEY</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Jennie Mae ALGER</b>		18a. INFORMANT - NAME (Type or Print) <b>Amy SEARS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P O Box 71 Pioche, Nevada 89043</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
CERTIFIER	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>TIM UMINA</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>November 05, 2014</b>		21c. HOUR OF DEATH <b>14:30</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 04, 2014</b>		22b. PRONOUNCED DEAD AT (Hour) <b>14:20</b>	
REGISTRAR	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043</b>		23b. LICENSE NUMBER <b>P033</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 07, 2014</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).) PART I (a) <b>Sudden Death Syndrome</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Hypertension</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Stage 4 Kidney Disease</b> DUE TO, OR AS A CONSEQUENCE OF: (d)	
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Diabetes 2, Chronic Bronchitis, Dementia</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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

561258

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:

1/14/2015

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

