

After recording please return to:

Name: Alyson Hammond  
Address: P.O. Box 114  
City, State, Zip: Prado NV 89043  
Phone: 775-962-1959  
Assessor's Parcel Number: 001-122-30



OFFICIAL RECORD  
AMY ELMER, RECORDER

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**AFFIDAVIT TERMINATING JOINT TENANCY**  
Pursuant to NRS 40.525(5) and NRS 111.365

Alyson Hammond, 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 Alyson Hammond, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on November 15, 2001, as Document No. 117294, in Book 159, Page(s) 553, 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 \_\_\_\_\_, and described as follows: Two-Thirds 2/3 of lot Numbered Seventy Nine-79 + lot Numbered Eighty 80 + lot Numbered 81 All in Block Numbered Twenty-three (23) AS the same are ploned & described on the official plat of said Town of Prado, Lincoln County, Nevada now on file & of record in the office of the County recorder of said Lincoln County, & to which said plat & the records thereof, reference is hereby made for a more full & complete description thereof.

4. Orilla Hammond, (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 my mother.
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me Alyson Hammond, as sole owner.

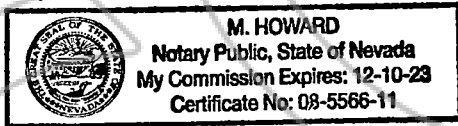
DATED this 25 day of MAY, 2021.

Alyson Hammond  
Affiant

State of Nevada)  
County of Lincoln)

Subscribed and Sworn to before me on this  
25<sup>th</sup> day of May, 2021 by  
Alyson Hammond ~~to~~ ~~\*~~

M. Howard  
Notary Public



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

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

CASE FILE NO. 3948903

**CERTIFICATE OF DEATH**

2017005976

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>Orilla Lamb HAMMOND</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 29, 2017</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and city) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>98</b>		7b. UNDER 1 YEAR MOS _____ DAYS _____		7c. UNDER 1 DAY HOURS _____ MINS _____	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 23, 1919</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Eagle Valley</b>	
15d. STREET AND NUMBER <b>4151 Eagle Valley Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Israel Hiram LAMB</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Phoebe Elena COVINGTON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Karen J GIRARD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1808 Towering Mesa Ave Henderson, Nevada 89012</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Hammond-hollinger Cemetery</b>		19c. LOCATION City or Town State <b>Ursine Nevada 89043</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
21. TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 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>R WILLIAM KATSCHKE MD</b> SIGNATURE AUTHENTICATED			22a. To Be Completed by CORONER'S OFFICE 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>March 31, 2017</b>		21c. HOUR OF DEATH <b>21:15</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. 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>		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER <b>10509</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 03, 2017</b>	
24a. REGISTRAR (Signature)		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				Interval between onset and death	
(a) <b>Congestive Heart Failure</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Hypertension</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) _____				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) _____				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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, HGM., 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	

STATE REGISTRAR

000667252



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: **4/5/2017**

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

*Cody J. Phinney*  
SIGNATURE AUTHENTICATED

