LINCOLN COUNTY, NV

Rec:\$37.00 Total:\$37.00

US LOAN SERVICING

2021-160847

07/19/2021 01:28 PM

Pgs=2 AK



OFFICIAL RECORD
AMY ELMER, RECORDER

PLEASE RETURN TO:

U.S. Loan Servicing 9670 W. Tropicana Ave. #100 Las Vegas, NV. 89147 Account no.: 0102045000

MAIL TAX STATEMENTS TO:

Gordon Marx 9393 Kraft Ave. Las Vegas, NV 89129-2622 APN # 008-360-20

AFFIDAVIT TERMINATING JOINT TENANCY

Mary J. Haymore, being first duly sworn, deposes and says that affiant is over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.

That affiant <u>Mary J. Haymore</u> is a person named as, one of the beneficiaries in that certain Deed of Trust with Assignment of Rents recorded May 3, 2017 in Book 311 Pages 40-46 as **DOC** # 0151717, of Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.

That **Ronald R. Haymore** was one of the beneficiaries named in said Deed of Trust with Assignment of Rents and was the identical person named as **Ronald Ray Haymore** the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made apart hereof.

Mary J. Harmore Laymon

State of NEUADA

County of Clark

WITNESS by my hand and official seal

lame:

Notary Public

Commission Expires:

LINDA QUICK Notary Public State of Nevada No. 10-2328-1 My Appt. Exp. June 3, 2022

NO. 10-2328-1



CASE FILE NO. 4186969

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

CERTIFICATE OF DEATH

2020030440

CASE FII	LE NO. 4186969	LANCE THE LAN	3. 24 ,	1999 2020)030440
TYPE OR			Ware . s.s	ŞTATE	FILE NUMBER
PRINTIN	1a. DECEASED-NAME (FIRST, MIDDLE, L	-1	Anne and the Name of the same	DEATH (Mo/Day/Year)	a. COUNTY OF DEATH
PERMANENT (Ronald Ray HAYMORE December 25, 2020 Clark				
BLACK INK	3b. CITY, TOWN, OR LOCATION OF DEA	TH 3c. HOSPITAL OR OTHER INSTITUTION			OP/Emer, Rm. 4, SEX
	Las Vegas	Centennial Hills Hospit	al Medical Center	patient(Specify) Intensive Care U	nit (ICU) Male
DECEDENT	5. RACE (Specify)	6, Hispanic Origin? Specify	7a. AGE-Last birthday7b. UNDER		
	White	No - Non-Hispanic	. (Years) MOS	DAYS HOURS MINS	March 18, 1942
IE DEATH	9a. STATE OF BIRTH (If not US/CA,	B. CITIZEN OF WHAT COUNTRY 10.EDUCA	TION 11 MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME	(Last name prior to first marriage)
IF DEATH OCCURRED IN INSTITUTION SEE	name country) Arizona	United States 75	Married	1	DIXON
TANDOUGH	13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed				
REGARDING COMPLETION OF	Engineer Pharmaceutical Forces? Yes				
RESIDENCE ITEMS	15a. RESIDENCE - STATE / 15b. COUNTY 15c. CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15e. INSIDE CITY LIMITS (Specify Yes				
11 K					
· 	Nevada Clark Henderson Henderson Hardenson Henderson Hen				
PARENTS	NTS Ray Samuel HAYMORE (First Middle Last Surix) Ray Samuel HAYMORE (First Middle Last Surix) Katherine GILSON				
	18a, INFORMANT- NAME (Type or Print)				14
į.	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS:: (Streeting R.F.D. No, City or Town, State, Zip) Mary HAYMORE 2427 Courtland Avenue Henderson, Nevada 89074				
•			- 1		City or Town State
DISPOSITION					
	20a. FUNERAL DIRECTOR - SIGNATURE	the state of the s	AL DIRECTOF 20c. NAME AND ADD		gas Nevaua 05122
	RYAN BOY			Simple Cremation - He	enderson
•	SIGNATURE AU	754 140.55 En	and the state of t	ke Mead Pkwy Ste 21 He	
TRADE CALL	TRADE CALL - NAME AND ADDRESS	THEMTORIES	Wai La Marine Cara		
	Z 21a. To the heat of my knowledge	death occurred at the time, date and place and	due	ination and/or investigation, in my	opinion death occurred
	ਰ ਹੁੰ to the cause(s) stated (Signature &	Title) SIGNATURE AUTHENTICAT		and due to the cause(s) stated.	
[miles]		KHALID GONDAL MD			
CERTIFIER	21b. DATE SIGNED (Mo/Day/Yr): December 31, 2020	21c. HOUR OF DEATH 12:49	22b, DATE SIGNED (N	fo/Day/Yr) 22c. H	OUR OF DEATH
		SICIAN IF OTHER THAN CERTIFIER	8 € 22d PRONOUNCED I	NEAD (Mar(DayA(a)) 230 B	RONOUNCED DEAD AT (Hour)
·	은 병 : (Type or Print) :	SICIAN IF OTHER THAN CERTIFIER	E S 220 PRONOUNCED	JEAD (MO/Day/11)	KONOGINGED DEAD AT ((IOUI)
手 具有		R (PHYSICIAN, ATTENDING PHYSICIAN, ME	FDICAL EXAMINER OR CORONER	(Type or Print) 23	b. LICENSE NUMBER
10 m		Khalid Gondal MD 1050 W Galler			16756
DECICEDAD	24a. REGISTRAR (Signature)	NANCY BARRY	24b. DATE RECEIVED BY REGIS		TO COMMUNICABLE DISEASE
REGISTRAR	Sic	SNATURE AUTHENTICATED	(Mo/Day/Yr) January 07.	2021 YES	NO X
CAUSE OF		RONLY ONE CAUSE PER LINE FOR (a), (b),	AND (c).)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Interval between onset and death
DEATH	PARTI Sentic Shock	er Arabe Laffar vomber.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
DEATH	DUE TO, OR AS A CON	<u>, r. jan dama kakaman mu</u>	to care w		Interval between onset and death
CONDITIONS IF	Acute hacterial	Meningitis And Cerebral Ve	ntriculitis		
CONDITIONS IF ANY WHICH GAVE RISE TO	DUE TO, OR AS A CON				Interval between onset and death
IMMEDIATE CAUSE	Pseudomonas	Aeruginosa Infection From I	nfected Spinal Stimula	tor	lifterval between onset and death
STATING THE UNDERLYING	DUE TO, OR AS A CON		Transaction Transaction		Interval between onset and death
CAUSE LAST					THE VALUE OF SOME AND ACCURATE
////	DARTH OTHER SIGNISICANT CONDITI	ONS Conditions englished as doods but not s	acculting for the winderfuling cause gives	in Part 1 Jac Autrop	DV (01/27 WAS CASE
-/ /	PART II OTHER SIGNIFICANT CONDITI Acute Kidney Injury, Metabolic A	ONS-Conditions contributing to death but not recidosis. Obstructive Hydrocephalus Status Pos	t Craniotomy And External Ventricula	r Drains Placementyes or No.	SY (Special 27, WAS CASE REFERRED TO CORONER
/ /			87 1 8 18 18 18 1		No REFERRED TO CORONER (Specify Yes or No) Yes
1 1	28a, ACC., SUICIDE, HOM., UNDET. 28b. DAT OR PENDING INVEST. (Specify)	E OF INJURY (Mo/Day/Yr) 28c. HOUR OF IN	JURY: 28d. DESCRIBE HOW INJURY	DCCURRED	
			7. (78.73)		. /
\ \.	28e. INJURY AT WORK (Specify 28f. PL	ACE OF INJURY- At home, farm, street, factor	y, office 28g/LOCATION ST	REET OR R.F.D. No. CITY	OR TOWN STATE
			7, brilliag 1,097 1.0 07 111011 011		
- \ \ \		, etc. (Specify):	,, united Logs Cook (now of the		

STATE REGISTRAR



"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DÖCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS; STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: JAN 2 0 2021



This Copy not valid unless prepared on engraved border wisplaying date, seal and signature of Registrar.

SOUTHERN NEVADA HEALTH DISTRICT .- P.O. Box 3902 · Las Vegas, NV 89127 · 702-759-1010 · Tax ID # 88-0151573