

APN: 003-033-06



OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT -
TERMINATION OF
JOINT TENANCY

I, JERRY GENTRY, a married man, being of legal age, and being first duly sworn, depose and say:

That CLIFFORD L. GENTRY, the decedent mentioned in the attached certified copy Certificate of death, is the same person as CLIFFORD L. GENTRY, named as one of the parties in that certain Quit Claim Deed dated July 9, 1999, and executed by CLIFFORD L. GENTRY, co-trustee and ESTER L. GENTRY, co-trustee, husband and wife, known as "Grantors" to CLIFFORD L. GENTRY and ESTER L. GENTRY, husband and wife, as JOINT TENANTS, known as "Grantees", and recorded as instrument numbered 113104, on the 22nd day of, July 1999, in book 143 page 12, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

The South one-half of the South one-half (S1/2 S1/2) of lot numbered one (1) in Block numbered forty-seven (47) in the North Side Addition to the City of Caliente, as the same is delineated on the official Plat of said City, now on file and of record in the Office the County Recorder of said Lincoln County, Nevada, and to which said Plat and the records thereof reference is hereby made for further particular description. Together with any and all buildings and improvements situated thereon.

DATED this 3 day of AUG., 2021.

Jerry Gentry
Jerry Gentry

RESIDING AT: 725 SOUTH GATEWAY BLVD. RIDGECREST, CA 93555

State of California, County of KERN

see attached
CAren
J. Gentry

On this ___ day of _____, 2021, before me, a notary public in and for said State, personally appeared Jerry Gentry known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same

NOTARY PUBLIC
COMMISSION EXPIRES:

CALIFORNIA CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Kern)

On 08/03/2021 before me, J. Vargas, Notary Public,
(here insert name and title of the officer)

personally appeared Jerry Gentry

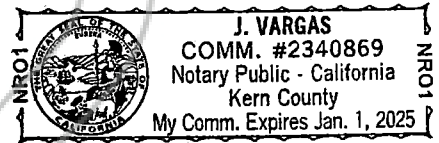
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that ~~he~~/she/they executed the same in ~~his~~/her/their authorized capacity(ies), and that by ~~his~~/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

J. Vargas



(Seal)

Optional Information

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this acknowledgment to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The preceding Certificate of Acknowledgment is attached to a document titled/for the purpose of _____

containing _____ pages, and dated _____

The signer(s) capacity or authority is/are as:

- Individual(s)
- Attorney-in-Fact
- Corporate Officer(s) _____
Title(s)

- Guardian/Conservator
- Partner - Limited/General
- Trustee(s)
- Other: _____

representing: _____
Name(s) of Person(s) or Entity(ies) Signer is Representing

Additional Information

Method of Signer Identification

Proved to me on the basis of satisfactory evidence:
 form(s) of identification credible witness(es)

Notarial event is detailed in notary journal on:
 Page # _____ Entry # _____

Notary contact: _____

Other

- Additional Signer(s)
- Signer(s) Thumbprint(s)
- _____

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last Clifford L. GENTRY		DATE OF DEATH (Month, Day, Year) December 20, 1999	
CITY, TOWN OR LOCATION OF DEATH Las Vegas		COUNTY OF DEATH Clark	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) University Medical Center		If Hosp. or Inst. Indicate DOA, OP/Emer, Rm. Inpatient (Specify) Inpatient	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) White		SEX Male	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years) 90	
STATE OF BIRTH (If not U.S.A., name country) Kansas		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED—(Specify) Married	
CITIZEN OF WHAT COUNTRY U.S.A.		SURVIVING SPOUSE (If wife, give maiden name) Esther Hobbs	
SOCIAL SECURITY NUMBER [REDACTED]		DATE OF BIRTH (Mo., Day, Yr.) Mar 31, 1909	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner/Operator / Retired		KIND OF BUSINESS OR INDUSTRY Sheet Metal	
RESIDENCE—STATE Nevada		INSIDE CITY LIMITS (Specify Yes or No) No	
COUNTY Lincoln		CITY, TOWN, OR LOCATION Caliente	
STREET AND NUMBER 201 Ada		FATHER—NAME First Middle Last Clarence Henry Gentry	
MOTHER—MAIDEN NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
INFORMANT—NAME (Type or Print) Gwen Browder - Step Daughter		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1097 Singapore Court Las Vegas Nevada 89110	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—NAME Palm Crematory	
LOCATION City or Town State Las Vegas, Nevada		FUNERAL DIRECTOR—SIGNATURE (Or Person Authorized to Sign) <i>[Signature]</i>	
FUNERAL DIRECTOR LICENSE NUMBER 50		NAME AND ADDRESS OF FACILITY Palm Mortuary - Downtown 1325 N. Main St., Las Vegas, Nevada 89101	
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 and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 12-23-99 HOUR OF DEATH 3:16 PM NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Badrunnisa Hanif M.D.		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) and manner, stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH PRONOUNCED DEAD (Mo., Day, Yr.) PRONOUNCED DEAD (Hour)	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) Badrunnisa Hanif M.D. 1800 W. Charleston Las Vegas, Nevada		LICENSE NUMBER #8500	
REGISTRAR <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) DEC 27 1999	
DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART (a) MULTIORGAN FAILURE DUE TO, OR AS A CONSEQUENCE OF: PART (b) NON Q-WAVE MYOCARDIAL INFARCTION DUE TO, OR AS A CONSEQUENCE OF: PART (c) Sepsis and Pneumonia DUE TO, OR AS A CONSEQUENCE OF: PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1. NECROTIZING CHOLECYSTITIS & Lower GI bleed	
AUTOPSY (Specify Yes or No) No		WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 28a. INJURY AT WORK (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY M DESCRIBE HOW INJURY OCCURRED LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

No.158432

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

DONALD S. KWALICK, MD, M.P.H.
 Registrar of Vital Statistics

By: *[Signature]*
 Date Issued: **DEC 28 1999**

CLARK COUNTY HEALTH DISTRICT
 625 Shadow Lane P.O. Box 3902
 Las Vegas, Nevada 89127
 702-383-1223
 Tax ID# 88-0151573