

After recording please return to:)
Name: Connie Sue Lamb)
Address: 1833 Bearden Ave)
City, State, Zip: HON, NV, 89011)
Phone: _____)
Assessor's)
Parcel Number 006 241 63)



-----Above This Line Reserved For Official Use Only-----

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

State of Nevada)
County of Lincoln)

Connie Sue Lamb, 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 Connie Sue Lamb, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on Oct 15 2004, as Document No. 123223, in Book 192, Page(s) 254-255, 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: The parcel of land shown as parcel No. 2 on that certain Parcel Map of a portion of the S 1/2 of section 35, Township 2 North, Range 69 East M.D. B. + M., prepared at the instance of Robert and Grilla Hammon, said parcel map being recorded in Book "1A" of Plats at page 377 Document No. 98591 in the Office of the County Recorder of Lincoln County, Nevada, and to which map reference is hereby made for further particular description.

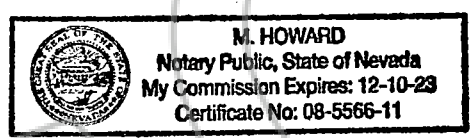
4. Russell K. Lamb SR (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my Husband.
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 Connie Sue Lamb, as sole owner.

DATED this 30 day of Aug., 2021.

Connie Sue Lamb
Affiant
Connie Sue Lamb

Subscribed and Sworn to before me on this
30th day of August, 2021 by
Connie Sue Lamb

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. 4143050

CERTIFICATE OF DEATH

2020009097

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) Russell K LAMB		2. DATE OF DEATH (Mo/Day/Year) May 03, 2020		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Ursine		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) 14982 Route 322		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Rural Property	
4. SEX Male		5. RACE (Specify) White		8. DATE OF BIRTH (Mo/Day/Yr) January 31, 1955	
6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Connie Sue ROBERTS			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Utilities Service Man		14b. KIND OF BUSINESS OR INDUSTRY Public Works	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Henderson	
15d. STREET AND NUMBER 1833 Bearden Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Weldon Kay LAMB			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bonnie Lucille THOMPSON		
18a. INFORMANT - NAME (Type or Print) Connie Sue LAMB		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1833 Bearden Ave Henderson, Nevada 89011			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Boat Hill Cemetery		19c. LOCATION City or Town State Pioche Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DATHAN P LEWIS			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) DATHAN P LEWIS		
21b. DATE SIGNED (Mo/Day/Yr) May 05, 2020		21c. HOUR OF DEATH 16:33		22b. DATE SIGNED (Mo/Day/Yr) May 03, 2020	
22c. HOUR OF DEATH 16:33		22d. PRONOUNCED DEAD (Mo/Day/Yr) May 03, 2020		22e. PRONOUNCED DEAD AT (Hour) 16:33	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Dathan P Lewis PO Box 570 Pioche, NV 89043				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) BLAISE SATARIANO		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 06, 2020		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) Positional asphyxiation Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Heavy Equipment Accident Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED Subject Used A Tractor To Lift A 4,750 pound Rock Screen. Subject Attempted To Clean Debris From The Rock Screen With A Rake. Rock Screen Rotted Forward Onto The Subject Pinning Subject To Ground For Approximately 30-45 Minutes.					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Outdoors/Non-Public		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 14982 SR 322 Ursine, Nevada 89043 Ursine Nevada	

000818462



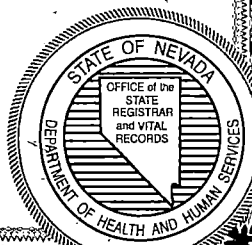
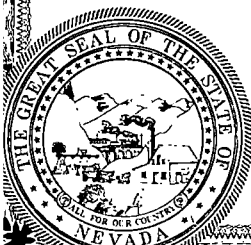
CERTIFIED COPY OF VITAL RECORDS

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: 6/10/2020

Blaise Satariano
STATE REGISTRAR

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



MANY ALTERATIONS OR REPAIRS VOID THIS CERTIFICATE