

After recording please return to:

Name: Judith Donohue)

Address: 5715 Gilbert Ln.)

City, State, Zip: LV, NV. 89130)

Phone: 702 645 1913)

Assessor's Parcel Number 001-112-08)

LINCOLN COUNTY, NV 2021-161071
Rec:\$37.00
Total:\$37.00 09/03/2021 02:48 PM
JUDITH DONOHUE Pgs=3 KC



OFFICIAL RECORD
AMY ELMER, RECORDER

-----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)

Judith Donohue, 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 Judith Donohue, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on Nov. 22 2008, as Document No. 125538, in Book 209, Page(s) 65-66, 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: LOT 25 in block 26 of the town Pioche, as said lots and block are platted and described on the official plat of said town of Pioche held on file in the office of the County Recorder of Lincoln County, Nevada

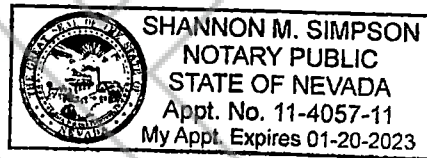
4. Patrick J. Donohue (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my husband.
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 Judith Donohue, as sole owner.

DATED this 3rd day of September, 2021.


Affiant

State of NV, County of Lincoln
Subscribed and Sworn to before me on this
3rd day of September, 2021 by
** Judith Donohue **.

Shannon M. Simpson
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. 4041961

CERTIFICATE OF DEATH

2018018622
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) Patrick John DONOHUE		2. DATE OF DEATH (Mo/Day/Year) September 22, 2018		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or MountainView Hospital		3e. If Hosp. or Inst. indicate: DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
5. RACE: (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 79	
9a. STATE OF BIRTH: (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Supervisor In Social Work		14b. KIND OF BUSINESS OR INDUSTRY Government	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 5715 Gilbert Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) John William DONOHUE			17. MOTHER/PARENT - NAME (First Middle, Last, Suffix) Margaret Mary CURRY		
18a. INFORMANT - NAME (Type or Print) Judith Ann DONOHUE			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 5715 Gilbert Lane Las Vegas, Nevada 89130		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) SARA A MCGOVERN		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD930		20c. NAME AND ADDRESS OF FACILITY Neptune Society 8570 Del Webb Blvd Las Vegas NV 89134	
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) SHEILA LAYO MIRANDA MD		21b. DATE SIGNED (Mo/Day/Yr) September 27, 2018		21c. HOUR OF DEATH 18:39	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				22c. HOUR OF DEATH	
				22d. PRONOUNCED DEAD (Mo/Day/Yr)	
				22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheila Layo Miranda MD 7842 W Sahara Ave Las Vegas, NV 89117				23b. LICENSE NUMBER 11089	
24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 28, 2018		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) Respiratory Failure				Interval between onset and death	
(b) Pulmonary Edema				Interval between onset and death	
(c) Sepsis				Interval between onset and death	
(d) Myelodysplastic Syndrome				Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause given in Part I Acute Kidney Injury, Chronic Kidney Disease, Atrial Fibrillation, Anemia, Bacteremia				26. AUTOPSY (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., 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

VRS-Rav-20120523a

"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 Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **SEP 28 2018**

Registrar of Vital Statistics
By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying 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

