

LINCOLN COUNTY, NV **2021-161075**
\$37.00
Rec:\$37.00 **09/03/2021 04:22 PM**
FIRST AMERICAN TITLE INSURANCE COMPANY 3 KC
OFFICIAL RECORD
AMY ELMER, RECORDER

APN: 001-032-07

WHEN RECORDED MAIL TO and MAIL TAX
STATEMENT TO:

SHARON RUTLEDGE
140 E ROME BLVD
1037
NORTH LAS VEGAS, NV 89084

9015-2630988

ESCROW NO: 20017814-086-JR

AFFIDAVIT TERMINATING JOINT TENANCY


STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

Sharon Rutledge, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same person named as Sharon Rutledge, one of the grantees in that certain deed recorded October 2, 2014 as Document No. 146319 in Book 290 in the office of the County Recorder of Lincoln County, State of Nevada.

See Exhibit A attached hereto and made a part hereof.

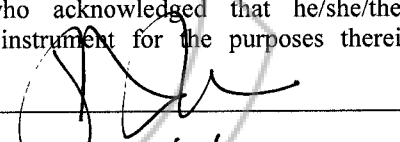
That Paul Rutledge was one of the grantees named in said deed and was the identical person named as Paul Rutledge, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.


Sharon Rutledge

On this 2nd day of February, 2021
appeared before me, a Notary Public,

Sharon D Rutledge

personally known or proven to me to be the person(s) whose name(s) is/are subscribed to the above instrument, who acknowledged that he/she/they executed the instrument for the purposes therein contained.


Notary Public

My commission expires: 11/7/21

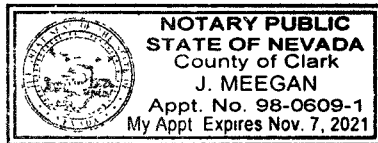


EXHIBIT "A"
LEGAL DESCRIPTION

The land referred to herein below is situated in the County of Lincoln, State of Nevada, and described as follows:

ALL THAT REAL PROPERTY SITUATED IN TOWN OF PIOCHE, COUNTY OF LINCOLN, STATE OF NEVADA, BOUNDED AND DESCRIBED AS FOLLOWS:

PARCEL OF LAND SITUATED WITHIN BLOCK 42, OF THE TOWN OF PIOCHE, SEC 22, T. 1 N., R. 67 E., M.D.M., LINCOLN COUNTY, NEVADA, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE NORTH BOUNDARY LINE OF SAID SEC. 22, WHENCE THE N 1/4 COR. OF SAID SEC. 22 BEARS N. 89°53'32" W. A DISTANCE OF 553.93 FEET, SAID POINT BEING DESCRIBED AS THE POINT OF BEGINNING;
THENCE N. 33°00'21" E. A DISTANCE OF 10.10 FEET;
THENCE S. 62°40'44" E. A DISTANCE OF 100.49 FEET;
THENCE S. 33°00'21" W. A DISTANCE OF 75.00 FEET;
THENCE N. 62°40'44" W. A DISTANCE OF 100.49 FEET;
THENCE N. 33°00'21" E. A DISTANCE OF 64.90 FEET TO THE POINT OF BEGINNING.

NOTE : THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED October 02, 2014 as Instrument No. 0146319.

ESCROW NUMBER: 20017814-086-JR
PROPERTY ADDRESS: 376 Fourth North Street
Pioche, NV 89043
A.P.N.: 001-032-07

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4112760

CERTIFICATE OF DEATH

2019021952
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Paul Andre RUTLEDGE		2 DATE OF DEATH (Mo/Day/Year) November 04, 2019		3a COUNTY OF DEATH White Pine	
	3b CITY, TOWN, OR LOCATION OF DEATH Ely		3c HOSPITAL OR OTHER INSTITUTION -Name(If not either give street ar number) White Pine Care Center		3e If Hosp or Inst indicate DOA,OP/Emer Rm Inpatient(Specify) Inpatient	
DECEDENT	4 SEX Male		5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic	
	7a AGE-Last birthday (Years) 71		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8 DATE OF BIRTH (Mo/Day/Yr) November 27, 1947		9a STATE OF BIRTH (If not US/CA, name country) Iowa		9b CITIZEN OF WHAT COUNTRY United States	
	10 EDUCATION 16		11 MARITAL STATUS (Specify) Married		12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sharon Joy HARDING	
PARENTS	13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b KIND OF BUSINESS OR INDUSTRY	
	15a RESIDENCE - STATE Nevada		15b CCJNTY Lincoln		15c CITY, TOWN OR LOCATION Pioche	
DISPOSITION	15d STREET AND NUMBER 376 Fourth Street		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		16 FATHER/PARENT - NAME (First Middle Last Suffix) Robert Scott RUTLEDGE	
	17 MOTHER/PARENT - NAME (First Middle Last Suffix) Anne Marie Rosalie Adree MARECHAL		18a INFORMANT - NAME (Type or Print) Sharon Joy RUTLEDGE		18b MAILING ADDRESS (Street or R F D No, City or Town State, Zip) P O Box 776 Pioche, Nevada 89043	
TRADE CALL	19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b CEMETERY OR CREMATORY - NAME Sunset Crematory		19c LOCATION City or Town State Elko Nevada 89803	
	20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NICOLE ROMERO SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE NUMBER FD101		20c NAME AND ADDRESS OF FACILITY Mt Vista Chapel PO BOX 151707 Ely NV 89315	
CERTIFIER	21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) GEORGE NORMAN CHRISTENSEN MD SIGNATURE AUTHENTICATED		21b DATE SIGNED (Mo/Day/Yr) November 07, 2019		21c HOUR OF DEATH 07:47	
	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)	
REGISTRAR	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) George Norman Christensen MD 6 Steptoe Circle Ely, NV 89301		23b LICENSE NUMBER 2334		24a REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 08, 2019		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) Cardiac Arrest		Interval between onset and death 6 Minutes	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) Dementia,vascular Type		Interval between onset and death 4 Years		(c) Cerebral Infarctions, Multiple	
	(c) Etiology Unknown		Interval between onset and death 4 Years		(d) Etiology Unknown	
	Interval between onset and death		Interval between onset and death		Interval between onset and death	
	Interval between onset and death		Interval between onset and death		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 Urinary Obstruction And Infection		26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (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						



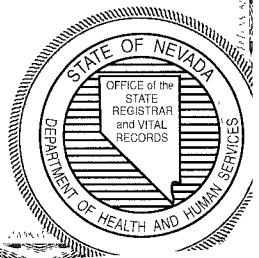
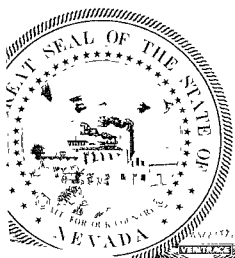
CERTIFIED COPY OF VITAL RECORDS

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: 11/19/2019

Blaise Satariano
Administrator
STATE REGISTRAR

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



MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE