

LINCOLN COUNTY, NV

2021-161645

\$37.00

Rec:\$37.00

11/18/2021 11:51 AM

FIRST AMERICAN TITLE INSURANCE COMPANY

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 003-132-08
File No: 13896-2633718 (TV)

When Recorded return to, and mail Tax Statements to:
Bruce Edwin Burgess
P.O. Box 791
Caliente NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Bruce Edwin Burgess, of legal age, being first duly sworn, deposes and says:

That EDWIN C. BURGESS, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Edwin C. Burgess** named as one of the parties in that certain **Edwin C. Burgess** dated **June 8, 1993** executed by **Thomas A. Little and Kerri L. Little, Husband and wife as joint tenants to Bruce Edwin Burgess and Kristilynn Burgess, husband and wife and Edwin C. Burgess, a Married man all as joint tenants**, recorded as Document No. **100472** on **June 11, 1993** in Book **106** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

A PORTION OF THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) AND THE NORTHEAST QUARTER (NE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 7, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B. & M., DESCRIBED AS FOLLOWS:

LOT NUMBER 6 IN BLOCK "B" OF THE JAMES H. GOTTFREDSON ADDITION TO CITY OF CALIENTE, LINCOLN COUNTY, NEVADA, AS SHOWN ON THE MAP THEREOF RECORDED AUGUST 9, 1963 UNDER DOCUMENT NO. 40599, LINCOLN COUNTY, NEVADA RECORDS.

Bruce Edwin Burgess

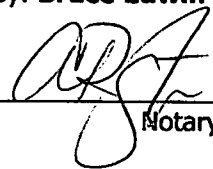
Bruce Edwin Burgess

Date 11-15-21

STATE OF Nevada)
COUNTY OF Lincoln) :SS.

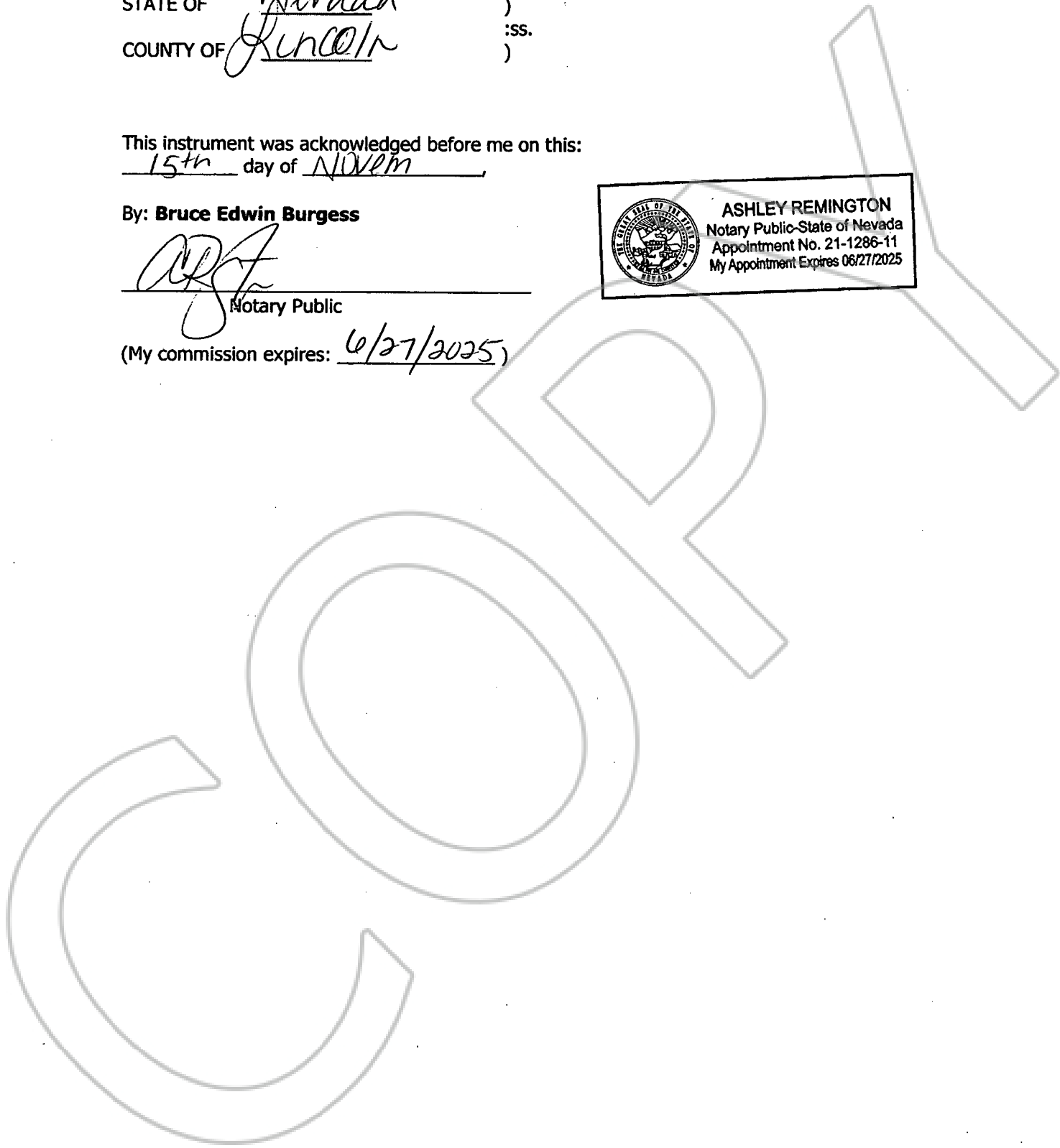
This instrument was acknowledged before me on this:
15th day of NOVEM

By: **Bruce Edwin Burgess**


Notary Public



(My commission expires: 6/27/2025)



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

WASHOE COUNTY HEALTH DISTRICT

VITAL STATISTICS - RENO, NEVADA

CERTIFICATE OF DEATH

CASE FILE NO. 3992664

2017023166

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) Edwin C BURGESS		2. DATE OF DEATH (Mo/Day/Year) December 10, 2017		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Sparks		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or 6767 Talmadge Circle		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 18, 1936		9a. STATE OF BIRTH (If not US/CA, name country) West Virginia		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) Anne PARKER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Nevada State Youth Corrections		14b. KIND OF BUSINESS OR INDUSTRY Nevada State Youth Corrections	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Washoe		15c. CITY, TOWN OR LOCATION Sparks	
15d. STREET AND NUMBER 6767 Talmadge Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Clyde A BURGESS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mary Gladys WILLIAMS		
18a. INFORMANT - NAME (Type or Print) Anne Carolyn PARKER BURGESS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 6767 Talmadge Circle Sparks, Nevada 89436			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Reno		19c. LOCATION City or Town State Reno Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DUSTIN OLSON		20b. FUNERAL DIRECTOR LICENSE NUMBER FD779		20c. NAME AND ADDRESS OF FACILITY La Paloma Reno	
20d. SIGNATURE AUTHENTICATED					
20e. 5301 Longley Lane Suite E-180 Reno NV 89511					
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) KELLE L BROGAN MD			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)		
21b. DATE SIGNED (Mo/Day/Yr) December 13, 2017		21c. HOUR OF DEATH 11:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Kelle L Brogan MD 1155 Mill St Reno, NV 89502				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) BLAIR J HEDRICK		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 13, 2017		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) End Stage Renal Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Atherosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
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, 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

AKA: Clyde Edwin BURGESS

000 285 28 7

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.

12/15/2017

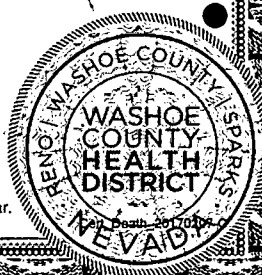
DEPUTY REGISTRAR

SIGNATURE AUTHENTICATED

DATE ISSUED: REV 10/15

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



HOLD UP TO LIGHT TO VIEW WATERMARK

HOLD UP TO LIGHT TO VIEW WATERMARK