

LINCOLN COUNTY, NV

2022-162034

\$37.00

Rec:\$37.00

03/11/2022 11:16 AM

TITLE DEEDS & NEEDS, LLC

Pgs=4 KC

OFFICIAL RECORD

AMY ELMER, RECORDER

APN: 006-361-14

Recording Requested By
TITLE DEEDS & NEEDS, LLC
P.O. Box 180
Pioche, NV 89043

Affidavit – Death of Joint Tenant

(Title of Document)

Please complete the cover page, check one of the following and sign below.

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS.40.525

Death Certificate attached contains a Social Security Number.



Ashley Remington

Agent

This page is added to provide additional information required by NRS 111.312 Sections 1-2.

(Additional recording fees may apply)
This cover page must be typed or printed.

APN NO.: 006-361-14

RECORDING REQUESTED BY:
TITLE DEEDS & NEEDS, LLC

WHEN RECORDED MAIL TO:
PAUL B. ALBISTON
C/O LAURIE WEAVER
10920 MOUNT STELLAR
LAS VEGAS, NV 89179

MAIL TAX STATEMENTS TO:
SAME AS ABOVE

File No. 22-131A

AFFIDAVIT - DEATH OF JOINT TENANT

Paul B. Albiston, of legal age, being duly sworn, deposes and says:

That **Sonia Albiston**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Sonia Albiston**, named as one of the parties in that certain **Quitclaim Deed** dated **January 28, 2004**, executed by **Laura Overton** to **Paul B. Albiston and Sonia Albiston**, husband and wife, as joint tenants, recorded on **January 28, 2004**, as **Instrument No. 121703**, of Official Records of Lincoln County, Nevada, covering the following described property.

LEGAL DESCRIPTION AS PER EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Commonly known as: 1848 Galena Lane, Pioche, Nevada.

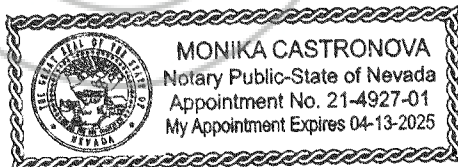
Paul B. Albiston

Paul B. Albiston, Surviving Joint tenant

STATE OF NEVADA
COUNTY OF LINCOLN *Clark* Clark } SS

This instrument was acknowledged before me on February 21, 2022

By: PAUL B. ALBISTON



Monika Castronova
Notary Public

My commission expires: 6/27/2025 *mc*
4/13/25

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

CASE FILE NO. 4262796

2022002832
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Sonia ALBISTON		2. DATE OF DEATH (Mo/Day/Year) January 21, 2022		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 and number) Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Intensive Care Unit (ICU)	
	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) April 02, 1949		9a. STATE OF BIRTH (if not US/CA, name country) England		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) Paul Barrie ALBISTON	
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15d. STREET AND NUMBER 4491 Avondale Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Fredrick DAVIES	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Waldine GEEST		18a. INFORMANT - NAME (Type or Print) Paul Barrie ALBISTON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4491 Avondale Street Las Vegas, Nevada 89121	
	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) DAREN DREILING		20b. FUNERAL DIRECTOR LICENSE NUMBER FD913		20c. NAME AND ADDRESS OF FACILITY Neptune Society 8544 W. Lake Mead Boulevard Las Vegas NV 89128	
PARENTS	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) YEKATERINA KHRONUSOVA MD SIGNATURE AUTHENTICATED					
	21b. DATE SIGNED (Mo/Day/Yr) January 31, 2022		21c. HOUR OF DEATH 17:10		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CREMATION	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) Yekaterina Khronusova MD 6040 S Fort Apache Rd #100 Las Vegas, NV 89148	
	23b. LICENSE NUMBER 9662		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 04, 2022	
	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) Adult Respiratory Distress Syndrome DUE TO, OR AS A CONSEQUENCE OF: (b) Bacterial Pneumonia DUE TO, OR AS A CONSEQUENCE OF: (c) Dilated Cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF: (d) Unspecified			
	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
TRADE CALL	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		28h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
	28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE					

"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: 2/8/2022
Registrar of Vital Statistics
By: *Susan Zannus*
SIGNATURE AUTHENTICATED
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

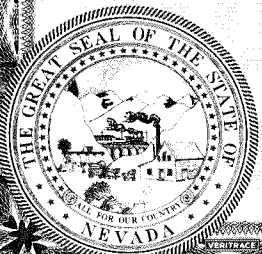


EXHIBIT "A"

Situate within the Southwest Quarter (SW ¼) of Section 28, Township 1 North, Range 67 East, M.D.B. & M., located on portions of the Black Hawk No. 1 and George Washington No. 2 patented mining claims identified as MS 3681, and portions of the Treasure Hill No. 2 patented mining claims identified as MS 4033, more particularly described as follows:

Lot 18 of the Record of Survey for Caselton Heights, recorded on March 16, 2018 in the Office of the County Recorder of Lincoln County, Nevada in Book D of Plats, Page 259, as File No. 153995, Lincoln County, Nevada records.

Assessor's Parcel Number: 006-361-14

