

After recording please return to:)
)
 Name: Janet C. Alexander)
)
 Address: P O Box 667)
)
 City, State, Zip: Pioche, NV 89043)
)
 Phone: 775-962-5679)
)
 Assessor's)
 Parcel Number 001-341-06)



OFFICIAL RECORD
 AMY ELMER, RECORDER

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AFFIDAVIT TERMINATING JOINT TENANCY

JANET C. ALEXANDER, 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 JANET C. ALEXANDER, the same person named as one of the Grantees named in that certain Quit Claim Deed of Joint Tenancy recorded on July 2, 2008, as Document No.0131817, in Book 242, Page(s) 0608, of 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 497 Juniper Street, Pioche, Nevada, and described as follows:

Parcel No.53 as shown on Parcel Map for James Vincent, filed in the Office of the county Recorder of Lincoln County on March 8, 1999, in Book B of Plats, Page 196, as file No. 112432; and amended by certificate of Amendment, recorded March 17, 1999, in Book B of Plats, page 203 A/B, as File No. 112469; being a portion of the northeast quarter (NE ¼) of Section 15, Township 1 North, Ranch 67 East, M.D.B.& M.; Assessor's Parcel Number 001-341-06; and including a modular home bearing Serial Numbers PH1903110X and PH1903110U, commonly known as 53 Juniper Street, Pioche, NV. (Now known as 497 Juniper Street, Pioche, NV.)

4. MICHAEL S. YOUNG, (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 Decent in the described property, said title now vesting in me, JANET C. ALEXANDER, the sole owner.

TOGETHER WITH all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

WITNESS my/our hand(s) this 28 day of MARCH, 2022.

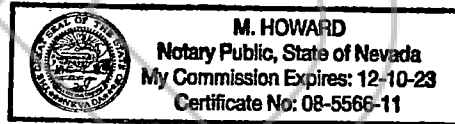
Janet C Alexander
Affiant
JANET C ALEXANDER

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Subscribed and Sworn to before me this
28th day of March, 2022 by

Janet C Alexander

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: 4267397

CERTIFICATE OF DEATH

2022004034
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) Michael Steven YOUNG		2. DATE OF DEATH (Mo/Day/Year) February 11, 2022		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) 497 Juniper Street		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) 74		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 24, 1947		9a. STATE OF BIRTH (If not US/CA; name country) Michigan		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) Janet C ALEXANDER	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		Sheriff Deputy		LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN, OR LOCATION Pioche	
15d. STREET AND NUMBER 497 Juniper Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Darwin Ruben YOUNG			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Tillie CZARNEY		
18a. INFORMANT - NAME (Type or Print) Janet C ALEXANDER		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 667 Pioche, Nevada 89043			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM SIGNATURE AUTHENTICATED/		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		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)			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) CHASE D DIRKS SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) February 15, 2022	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) February 11, 2022		22c. HOUR OF DEATH 12:31	
22d. PRONOUNCED DEAD (Mo/Day/Yr) February 11, 2022		22e. PRONOUNCED DEAD AT (Hour) 12:31			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043				23b. LICENSE NUMBER 40	
24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 16, 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) Suicide				Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF: Self-inflicted Gun Shot Wound To The Head				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				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.				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) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) February 11, 2022		28c. HOUR OF INJURY 1152	
28d. DESCRIBE HOW INJURY OCCURRED: Self-Inflicted Gun Shot To The Head					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 497 Juniper Street Pioche Nevada	

000920471



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.

3/15/2022

DATE ISSUED:

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

STATE REGISTRAR

