

LINCOLN COUNTY, NV

2022-162125

\$37.00

Rec:\$37.00

03/29/2022 11:45 AM

FIRST AMERICAN TITLE PASEO VERDE

Pgs=3 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 006-041-04
File No: 13896-2629400 (TV)

When Recorded return to, and mail Tax Statements to:

Jimmy O. Pitts
8635 West Sahara Avenue, 2061
Las Vegas, NV 89117

AFFIDAVIT - TERMINATING JOINT TENANCY

Jimmy O. Pitts, of legal age, being first duly sworn, deposes and says:

That **Shirley A. Pitts**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Shirley A. Pitts** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **October 26, 1988** executed by **Lloyd Charles** to **Jimmy O. Pitts and Shirley A. Pitts** as joint tenants, recorded as Document No. **90205** on **November 2, 1988** in Book **83** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

A PARCEL OF LAND SITUATE IN THE NORTHEAST CORNER OF THE WEST HALF OF THE U.S. GOVERNMENT LOT NUMBERED 3 IN SECTION 2, TOWNSHIP 4 NORTH, RANGE 67 EAST M.D.B. & M., IN THE COUNTY OF LINCOLN, STATE OF NEVADA, DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT 330 FEET EAST OF THE NORTHWEST CORNER OF SAID LOT 3, THENCE CONTINUING EAST 330 FEET, THENCE AT RIGHT ANGLES SOUTH 300 FEET, THENCE AT RIGHT ANGLES WEST 330 FEET, THENCE AT RIGHT ANGLES NORTH 300 FEET TO POINT OF BEGINNING.

Jimmy O Pitts 7/5/2021

Jimmy O. Pitts

Date

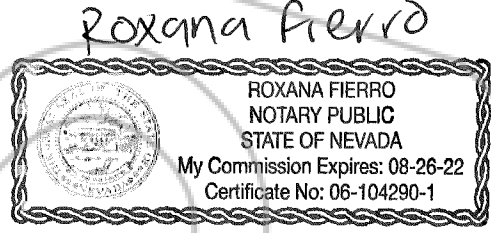
Jimmy O Pitts

STATE OF Nevada)
COUNTY OF Clark) :ss.

This instrument was acknowledged before me on this:
15 day of July, 2021

By: **Jimmy O. Pitts**

[Signature]
Notary Public
(My commission expires: 8-26-22)



06-104290-1

Roxana Fierro
Notary Public
State of Nevada
My Commission Expires: 08-26-22
Certificate No: 06-104290-1

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. 4145897

2020010075
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) Shirley Ann PITTS		2. DATE OF DEATH (Mo/Day/Year) May 15, 2020		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 4295 Boulder Highway Inpatient(Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of OFFICE CLERK		14b. KIND OF BUSINESS OR INDUSTRY Cemetery	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
16. FATHER/PARENT - NAME (First Middle Last Suffix) William DILLION		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Mable MAXFIELD		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Jimmy Owen PITTS	
11. MARITAL STATUS (Specify) Married		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1930		7d. UNDER 1 YEAR DAYS		7e. UNDER 1 DAY MINS	
15d. STREET AND NUMBER 4295 Boulder Highway		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
18a. INFORMANT- NAME (Type or Print) Jimmy Owen PITTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4295 Boulder Highway Space 1 Las Vegas, Nevada 89121			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Forest Lawn		19c. LOCATION / City or Town State Covina California 91742	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LENNETTE SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD893		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
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) ADAM S PERELGUT APRN SIGNATURE AUTHENTICATED			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) May 18, 2020		21c. HOUR OF DEATH 09:50		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) Adam S Perelgut APRN 7469 W Lake Mead Blvd Las Vegas, NV 89128				23b. LICENSE NUMBER APRN002173	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 18, 2020		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) Chronic Obstructive Pulmonary Disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Tobacco Use				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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) 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-Rev-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: **MAY 21 2020**

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

