

LINCOLN COUNTY, NV **2022-163053**
\$37.00 09/22/2022 09:34 AM
Rec:\$37.00 FIRST AMERICAN TITLE INSURANCE COMPANY #2 KC
OFFICIAL RECORD
AMY ELMER, RECORDER

A.P.N.: 003-077-14
File No: 107-2657472 (TV)

When Recorded return to, and mail Tax Statements to:
Juanita Foster
P.O. Box 305
Caliente, NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Juanita Foster, of legal age, being first duly sworn, deposes and says:

That David Keith Foster, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **David Foster** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **June 10, 2016** executed by **Sheryl Rae Johnson and Jeff Lee Johnson to David Foster and Juanita Foster, Husband and Wife** as joint tenants, recorded as Document No. **0149794** on **July 1, 2016** in Book **304** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

LOT NUMBERED ELEVEN (11) IN BLOCK NUMBERED ONE (1) IN THE CITY OF CALIENTE, COUNTY OF LINCOLN, STATE OF NEVADA.

Juanita Foster 9/18/22

Juanita Foster

Date

Juanita Foster

STATE OF

Nevada

)

COUNTY OF

Lincoln

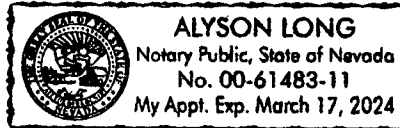
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This instrument was acknowledged before me on this:

18th day of September, 2022

By:

Juanita Foster



By:

Alyson Long

Its: //

Notary Public

(My commission expires: March 17, 2024)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4282440

CERTIFICATE OF DEATH

2022011850
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) David Keith FOSTER			2. DATE OF DEATH (Mo/Day/Year) May 06, 2022		3a. COUNTY OF DEATH Lincoln		
	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente			3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) 190 Front Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 60		4. SEX Male	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 21, 1962			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Montana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		11. MARITAL STATUS (Specify) Married	
	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Juanita Jean ANCHO		13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Mechanical Engineer		14b. KIND OF BUSINESS OR INDUSTRY Facilities Management	
PARENTS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente		15d. STREET AND NUMBER 190 Front Street	
	15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Keith Whetsell FOSTER		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Colleen Elizabeth MARTIN			
DISPOSITION	18a. INFORMANT- NAME (Type or Print) Juanita Jean FOSTER		18b. MAILING ADDRESS (Street or R.F.D No, City or Town, State, Zip) PO Box 305 Caliente, Nevada 89008					
	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			
TRADE CALL	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							
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) JEFFERY P NG MD 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 12, 2022		21c. HOUR OF DEATH 08:14		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	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) Jeffery P Ng MD 6655 W Sahara Ave Las Vegas, NV 89146			23b. LICENSE NUMBER 16749		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	24a. REGISTRAR (Signature) SCOTT SHELDON SPANGLER SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 13, 2022		24d. DEATH DUE TO COMMUNICABLE DISEASE		
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Cardiopulmonary Arrest			Interval between onset and death Minutes		Interval between onset and death Minutes		
	(b) DUE TO, OR AS A CONSEQUENCE OF: Malignant Neoplasm Of The Pancreas With Metastasis To Abdomen And Bone.			Interval between onset and death Years		Interval between onset and death Years		
(c) DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:			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 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		



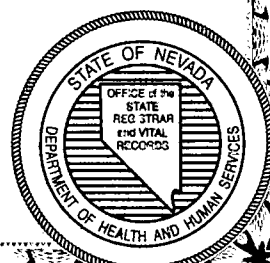
CERTIFIED COPY OF VITAL RECORDS

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.

Scott Spangler
STATE REGISTRAR

DATE ISSUED: 5/17/2022

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE