

After recording, please return to:

Name: Kyna Nelson)  
 Address: P.O. Box 292)  
 City, State, Zip: Alamo, NV 89001)  
 Phone: 775-962-1609)  
 Assessor's Parcel Number: 11-170-11)



00010273202201634400030038

OFFICIAL RECORD  
AMY ELMER, RECORDER

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**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

Kyna Nelson, 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 Kyna Nelson, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 5-10-2007, as Document No. 0128898, in Book 231, Page(s) 0319, of the 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 2514 Nelson Ranch Road, and described as follows: All that portion of township 6 South, Range 101 E, M.D.B. and M. described as follows: The north 920 feet of the Northeast Quarter (NE 1/4) of the Southeast Quarter of Section 30 and new parcel #95 created by division of property, parcel #1 of Jake Alvin and Norma R Nelson subsequent parcel map recorded in Book C page 56.

4. Michael Jake Nelson, (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 Decedent in the described property, said title now vesting in me Kyna Nelson, as sole owner.

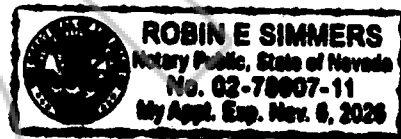
DATED this Nov 8<sup>th</sup> day of November, 2022.

Kyna Nelson  
Affiant

State of Nevada)  
County of Lincoln)

Subscribed and Sworn to before me on this  
8 day of November, 2022 by  
Kyna Nelson.

Robin E Simmers  
Notary Public



**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. 4310550

2022024264  
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) <b>Michael Jake NELSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 08, 2022</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and number) <b>MountainView Hospital</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify: <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>70</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 04, 1952</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kyna Louise JORGENSEN</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
14a. <b>Heavy Equipment Operator</b>		14b. <b>Ever in US Armed Forces? No</b>		15a. RESIDENCE - STATE <b>Nevada</b>	
15a. <b>Lincoln</b>		15b. COUNTY <b>Alamo</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
15c. <b>2514 Nelson Ranch Road</b>		15d. STREET AND NUMBER		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Jake Alvin NELSON</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Norma Rose THORNE</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kyna NELSON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 292 Alamo, Nevada 89001</b>			
19a. BURIAL, CREMATION; REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY -NAME <b>Alamo Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada-89001</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BENJAMIN V REBMAN</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD945</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary</b> <b>5090 N Moapa Valley Blvd Logandale NV 89021</b>	
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) <b>CORDELIA A SOLOMON MD</b> <b>SIGNATURE AUTHENTICATED</b>		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) <b>October 13, 2022</b>		21c. HOUR OF DEATH <b>06:57</b>		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) <b>Cordelia A Solomon MD 3186 S Maryland Pkwy, Las Vegas, NV 89109</b>				23b. LICENSE NUMBER <b>15947</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 14, 2022</b>		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))				Interval between onset and death	
PART I					
(a) <b>Cardiopulmonary Arrest</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) <b>Acute Intracranial Bleed With Intraventricular Extension</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) <b>Hypertension</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. <b>Aspiration Pneumonia, Encephalopathy</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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 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.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannus*

DATE ISSUED: 10/17/2022

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

