

After recording, please return to:)
Name: Erlinda M Utz)
Address: PO Box 131)
City, State, Zip: Pioche, NV 89043)
Phone: 775-962-5285)
Assessor's Parcel Number 001-101-09)
001-102-15)



OFFICIAL RECORD
AMY ELMER, RECORDER

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AFFIDAVIT TERMINATING JOINT TENANCY
Pursuant to NRS 40.525(5) and NRS 111.365

Erlinda M Utz, 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 Erlinda M Utz, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on July 28, 2009, as Document No. 0134041, in Book 249, Page(s) 0703, 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 _____, and described as follows: LOT 53, 54, 55, 56, 57, 58 & 59 IN BLOCK 20 AND LOT 15 IN BLOCK 18 IN THE TOWN OF PIOCHE, LINCOLN COUNTY, NEVADA AS SAID LOT AND BLOCK ARE PLATTED AND DESCRIBED ON THE OFFICIAL PLAT OF SAID TOWN OF PIOCHE, NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, NEVADA AND TO WHICH PLAT AND THE RECORDS THEREOF REFERENCE IS HEREBY MADE FOR FURTHER PARTICULAR DESCRIPTION.

4. John J Utz, (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 Erlinda M Utz, as sole owner.

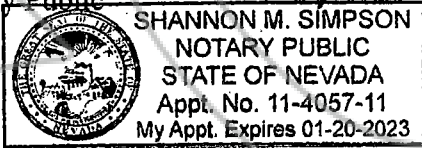
DATED this 23rd day of November, 2022.

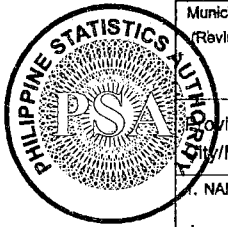
Erlinda M. Utz
Affiant ERLINDA M UTZ

State of Nevada)
County of Lincoln)

Subscribed and Sworn to before me on this
23rd day of November, 2022 by
** Erlinda Menil Utz **

Shannon M. Simpson
Notary Public





Municipal Form No. 103 (Revised January 2007) (To be accomplished in quadruplicate using black ink)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

Province NEGROS ORIENTAL Registry No. 2022-117
City/Municipality VALENCIA (LUZURRIAGA)

1. NAME (First) (Middle) (Last) JOHN JOSEPH UTZ 2. SEX (Male/Female) MALE

3. DATE OF DEATH (Day, Month, Year) 23 JULY 2022 4. DATE OF BIRTH (Day) (Month) (Year) 07 SEPTEMBER 1948 5. AGE AT THE TIME OF DEATH (Fill-in below accord. to age category)
a. IF 1 YEAR OR ABOVE [2] Completed years 73 b. IF UNDER 1 YEAR [1] Months [2] Days [3] Hours [4] Min/Sec

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St. Barangay, City/Municipality Province) LIPTONG VALENCIA (LUZURRIAGA) NEGROS ORIENTAL 7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) MARRIED

8. RELIGION/RELIGIOUS SECT BAPTIST 9. CITIZENSHIP AMERICAN 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) LIPTONG, VALENCIA (LUZURRIAGA), NEGROS ORIENTAL, PHILIPPINES

11. OCCUPATION RETIRED US AIR FORCE 12. NAME OF FATHER (First, Middle, Last) ROBERT LEE UTZ 13. MAIDEN NAME OF MOTHER (First, Middle, Last) CHARLOTTE HULING

MEDICAL CERTIFICATE
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (if the deceased is aged 8 days and over) DOA: SUHC Interval Between Onset and Death
I. Immediate cause : a. 7c. SUDDEN CARDIAC DEATH
Antecedent cause : b. _____
Underlying cause : c. _____
II. Other significant conditions contributing to death: _____

19c. MATERNAL CONDITION (if the deceased is female aged 15-49 years old)
a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices

19d. DEATH BY EXTERNAL CAUSES a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____ b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) NO

20. AUTOPSY (Yes / No) NO

21a. ATTENDANT 1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify) DOA 21b. If attended, state duration (mm/dd/yy) From _____ To _____

22. CERTIFICATION OF DEATH
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/ have not attended the deceased and that death occurred at 11:25 am am/pm on the date of death specified above.

Signature [Signature] Name in Print DR. CHERYL LUZ NAVARRO EULLARAN Title or Position MUNICIPAL HEALTH OFFICER Address VALENCIA, NEGROS ORIENTAL Date 25 July 2022

REVIEWED BY: [Signature] Name in Print DR. CHERYL LUZ NAVARRO EULLARAN Signature Over Printed Name of Health Officer Date 25 July 2022

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) BURIAL 24a. BURIAL/CREMATION PERMIT Number _____ Date issued _____ 24b. TRANSFER PERMIT Number _____ Date issued _____

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY ADFELLOW/MASONRY CEMETERY PIOCHE, NEVADA 89043, U S A

26. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature [Signature] Name in Print ERLINDA MENIL UTE Relationship to the Deceased WIFE Address LIPTONG, VALENCIA, NEGROS ORIENTAL Date JULY 25, 2022

27. PREPARED BY
Signature [Signature] Name in Print MARY ANN B. VINCOY Title or Position MUNICIPAL CIVIL REGISTRAR Date JULY 25, 2022

28. RECEIVED BY
Signature [Signature] Name in Print MARY ANN B. VINCOY Title or Position MUNICIPAL CIVIL REGISTRAR Date JULY 25, 2022

29. REGISTERED BY THE CIVIL REGISTRAR
Signature [Signature] Name in Print MARY ANN B. VINCOY Title or Position MUNICIPAL CIVIL REGISTRAR Date 25 JUL 2022

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5 6 7 3 8 9 9 0 3 10 6 0 8 0 4 6 2 3 11 1 4 4 2 19a(a)/19b 19a(c)

08264-GD-429ROD-00278-DI001

BEST POSSIBLE IMAGE



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CDSM
CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority