



OFFICIAL RECORD
AMY ELMER, RECORDER

RECORDING COVER PAGE

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APN# _____

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrrealprop/ownr.aspx>)

TITLE OF DOCUMENT

(DO NOT Abbreviate)

Affidavit Terminating Joint Tenancy

Document Title on cover page must appear EXACTLY as the first page of the document to be recorded.

RECORDING REQUESTED BY:

Steven R. Scow, Ltd.

RETURN TO: Name Steven R. Scow, Ltd.

Address 612 S. 7th Street

City/State/Zip Las Vegas, NV 89101

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name George L. Ullom

Address 737 Rising Star Drive

City/State/Zip Henderson, NV 89014

This page provides additional information required by NRS 111.312 Sections 1-2.

An additional recording fee of \$1.00 will apply.

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P:\Common\FORMS & Notices\Cover Page Template Feb2014

**AFFIDAVIT TERMINATING
JOINT TENANCY**

APN: 010-163-04

STATE OF NEVADA)
 :SS
COUNTY OF CLARK)

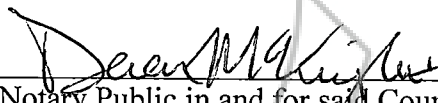
GEORGE L. ULLOM, being first duly sworn, deposes and says, that affiant is over the age of 21 years old and competent to be a witness as to the matters hereinafter stated. That JAMES N. ULLOM was one of the grantees in that certain deed recorded April 18, 2011, Recorded Document No. 0138129, of Official Records in the Office of the County Recorder of Lincoln County, State of Nevada. That JAMES N. ULLOM, one of the grantees named in said deed, was the identical person named as JAMES N. ULLOM, the decedent, in that certain Death Certificate, a certified copy of which is annexed hereto and made a part hereof.



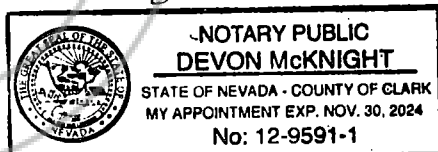
GEORGE L. ULLOM

SUBSCRIBED and SWORN to before me this
16 day of December, 2022.

AFTER RECORDING, MAIL TO:
George L. Ullom
737 Rising Star Drive
Henderson, NV 89014



Notary Public in and for said County and State

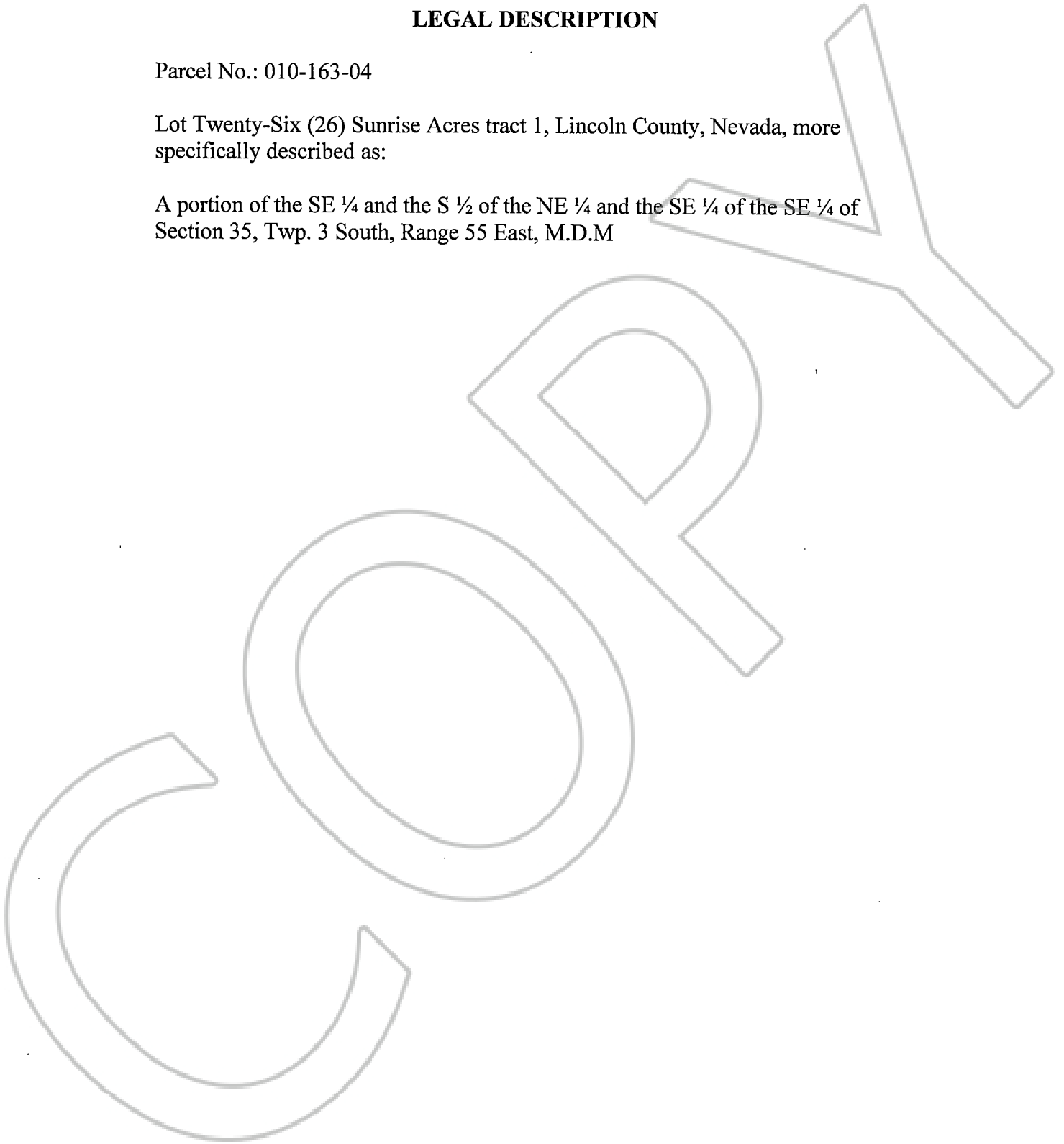


LEGAL DESCRIPTION

Parcel No.: 010-163-04

Lot Twenty-Six (26) Sunrise Acres tract 1, Lincoln County, Nevada, more specifically described as:

A portion of the SE $\frac{1}{4}$ and the S $\frac{1}{2}$ of the NE $\frac{1}{4}$ and the SE $\frac{1}{4}$ of the SE $\frac{1}{4}$ of Section 35, Twp. 3 South, Range 55 East, M.D.M



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2018011251
STATE FILE NUMBER

CASE FILE NO: 4022685

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) James Norman ULLOM		2. DATE OF DEATH (Mo/Day/Year) June 03, 2018		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and St Rose Dominican Hospital Siena Campus		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1942		9a. STATE OF BIRTH (If not US/CA name country) Nevada		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) Patricia HEDAH	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Investigator Investigator		14b. KIND OF BUSINESS OR INDUSTRY District Attorney's Office	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 3154 Palmdesert Way		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) George ULLOM			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Phyllis ALTER		
18a. INFORMANT - NAME (Type or Print) Patricia Susan ULLOM			18b. MAILING ADDRESS (Street or R.F.D.; No, City or Town, State, Zip) 3154 Palmdesert Way Las Vegas, Nevada 89120		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Paradise Valley Crematory		19c. LOCATION City or Town, State Las Vegas Nevada 89119	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) PHILIP W SMITH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD922		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas, NV 89119	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) YANN-BOR LIN MD					
21b. DATE SIGNED (Mo/Day/Yr) June 11, 2018		21c. HOUR OF DEATH 07:20		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)					
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) Yann-Bor Lin MD, 2900 W Horizon Ridge Pkwy Henderson, NV 89052			
23b. LICENSE NUMBER 14357		24a. REGISTRAR (Signature) NANCY BARRY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2018		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) Acute Hypoxic Respiratory Failure Interval between onset and death: Days					
(b) Pericardial Effusion Interval between onset and death: Days					
(c) Metastatic Non-Small Cell Lung Cancer With Pericardial Metastasis Interval between onset and death: Weeks					
(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, HGM., 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	

LOCAL 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: JUN 13 2018

Registrar of Vital Statistics
By: *Wendy Emmer*

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

