

After recording, please return to:)
Name: TINA OSBORN)
Address: P.O. Box 519)
City, State, Zip: CALIENTE NV 89008)
Phone: 775.962.1459)
Assessor's)
Parcel Number 003-098-07)



OFFICIAL RECORD
AMY ELMER, RECORDER

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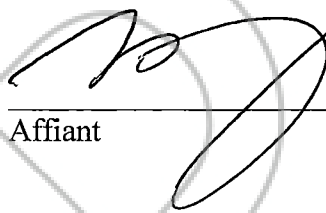
AFFIDAVIT TERMINATING JOINT TENANCY
Pursuant to NRS 40.525(5) and NRS 111.365

TINA OSBORN, 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 TINA OSBORN, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 5/07/2010, as Document No. 0135903, in Book 256, Page(s) 0037, 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 590 Front St CALIENTE NV 89008 and described as follows: LOTS SEVEN (7) EIGHT AND THE WEST HALF (W/2) OF LOT NINE (9) IN BLOCK THIRTY EIGHT (38) OF THE THOS. E. DIXON addition to CALIENTE TOWN dated August 12, 1936 OF FILE IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

4. Paul STEED, (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 TINA OSBORN, as sole owner.

DATED this 1st day of March, 2023.

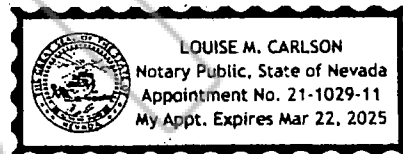


Affiant

State of Nevada
County of Lincoln

Subscribed and Sworn to before me on this
1 day of March, 2023 by
Tina Osborn

Louise M. Carlson
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4163281

CERTIFICATE OF DEATH

2020018504
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) Paul Kenneth STEED		2. DATE OF DEATH (Mo/Day/Year) August 22, 2020		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) Grover C Dilts Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Dead On Arrival (DOA)	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 19, 1957		9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Tina COGGINS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) CARPENTER		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 100 Conway Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces?	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Newell STEED			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alice YOUNG		
18a. INFORMANT - NAME (Type or Print) Tina OSBORN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 519 Caliente, Nevada 89008			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Conaway Veterans Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente, NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) DATHAN P LEWIS SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) August 27, 2020		21c. HOUR OF DEATH 23:12			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Dathan P Lewis PO Box 570 Pioche, NV 89043		22b. LICENSE NUMBER			
23a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 28, 2020		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I (a) Myocardial Infarction		Interval between onset and death			
(b) Hypertension		Interval between onset and death			
(c) Hyperlipidemia		Interval between onset and death			
(d) Obesity		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 Type 2 Diabetes				25. AUTOPSY (Specify Yes or No) No	
26. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		27. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		28c. DESCRIBE HOW INJURY OCCURRED	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

000829520



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.

DATE ISSUED:

9/1/2020

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

Blaise Satariano
STATE REGISTRAR

