LINCOLN COUNTY, NV

\$37.00

Rec:\$37.00

2023-164183

04/04/2023 01:33 PM

EVANS & ASSOCIATES

AMY ELMER, RECORDER

OFFICIAL RECORD

Pgs=4 AK

APN: 011-180-04

When Recorded, Mail Deed and Tax Statements To:

Francis Connell 2490 N. Walnut Road Las Vegas, NV 89115

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF CLARK
ss.

Affiant, Francis Connell, by Micki Lynn Dunkerley, Power of Attorney, 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 matters hereinafter stated.
- 2. Francis Connell is one of the Grantees in that certain Grant, Bargain, Sale Deed recorded on June 8, 1998 as Document No. 1998-111100 of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada; which property described therein is located in the County of Lincoln, State of Nevada; and which property is known and described on Exhibit "A" attached hereto and incorporated herein by reference.

APN: 011-180-04

3. Guy Connell was also one of the Grantees named in said Deed and is the decedent named in that certain Certificate of Death attached hereto and made a part hereof by this reference.

4.	This Affidavit hereby terminates the joint tenancy of said property and vests title solely in Francis Connell as her sole and separate property.	
D	ATED this day of MAR 2 7 2023, 2023. Prancis Connell, by Micki Lynn Dunkerley Power of Attorney	
SI	BSCRIBED and SWORN to before me by Micki Lynn Dunkerley, this day of	
	MAR 2 7 2023	
N	KANDIS L. SCHNELL Notary Public-State of Nevada APPT. NO. 99-4412-1 My Appt. Expires 08-11-2023	14

EXHIBIT "A"

That portion of the West Half of the Northwest Quarter of the Southwest Quarter of Section 30, Township 6 South, Range 61 East, Mt. Diablo Meridian, Nevada; together with any and all improvements thereon described as follows:

Beginning at the Southwest Corner of the West Half of the Northwest Quarter of the Southeast Quarter of said Section 30, thence Northerly along the West side of thereof a distance of 132 feet, thence Easterly a distance of 660 feet, thence Southerly a distance of 132 ft, thence Westerly along the South Line thereof a distance of 660 feet to the point of Beginning.



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

CASE FILE NO. 4096368

2019015711

1a DECEASED NAME (FIRE	TMIDDLE	ENIM.					,	STA	TE FILE N		
1 _		rrix)				2. DATE C	F DEATH (M	Day/Year)			TH
Guy	Lavor		CONNE	LL		Αι	gust 05, 1	2019	1 \	Clark	4
SD. CITT, TOWN, OR LOCATE	ON OF DEATH 3c.	HOSPITAL OR OTHER	RINSTITUTION	-Name(II not	either, give	street art	e, If Hosp, or	nst, indicate Do	OA, OP/En		I. SEX
				spice-Ten	aya		npalient(Spec H	ily) Ospice Facil	ity /HES		
		Hispanic Origi	in? Specify	7a. AGE-La	st birthday	7b. UNDE	R 1 YEAR 7c	UNDER 1 DAY	8 DAT	F OF BIRTH	Male Mo(Day(Xr)
L '		No - Non-Hisp	panic	(Years)	ſ	MOS	DAYS	OURS MINS	3. 5,1.		
	S/CA, 9b. CITIZ	EN OF WHAT COUNT	RY 10.EDUCAT	ION 11. MAR	ITAL STATU	(Specify)	12. SURVIVI	NG SPOUSE'S NA	ME (Last o		
Utali	į.	United States	1 10	!	Marrie	d		Fran	ncis F	REI	mamagej
13 SOCIAL SECURITY NUMB	ER 14a. USL	IAL OCCUPATION (Gi		Done During	Most of	14b. KII	D OF BUSIN	ESS OR INDUS	STRY	Ever in l	US Armed
15a RESIDENCE - STATE	Iteh COUNTY	145 60				AUT	OMOBILE	REPAIR (G	ARAGI	E) Forces?	No
4	1				15d. STR	EET AND	NUMBER		-	1\$e. INSI	DE CITY
16 FATHER/BARENT NAME	Ciari	<u> </u>	Las Vega	as	2490	N Wal	nut Rd			or No)	Yes
10. LALLICIO MICCIAL - IAVINE			/	17. M	OTHERUPA	RENT				1	1
18a. INFORMANT- NAME (Tvo	e or Priot)		S MAIL DIS ASS	-		-	Matilda	TURNBEA	AUGH	7	- N
		1101	D. MAILING ALL	400	treet or R.F	.D. No, Cil	y or Town, Sta	ale, Zip)		1	
		Specify) 19b CEMETE	BY OR CREMA	TORY NAM	BO W W	ainut Rd					N
Buria	al	Page OEMETE	Bunker	s Memon	r Garden		119				79
20a. FUNERAL DIRECTOR - S	IGNATURE (Or Pers	son Acling as Such)					20500 00 0	Las V	egas N	evada 891	29
LENNI	ETTE SMITH	l	ILICENSE NUM	IBER	200. NAM	E AND AD			uan.		
SIGNA	TURE AUTHENT	CATED	FD8	93		925	N Las Vega	is Blvd Las	uaiy Vedas l	VV 89101	
				V	V 7	/	7			17 00101	·
21a. To the best of my kr	nowledge, death occ	urred at the time, date	and place and d	ue _ 2	a. On the b	asis of exam	ination and/or	investigation, in	my opinion	death occurre	d
1 25 ×	FEROZAN N	ALAL MD	THENTICATE	10 12 5 st	the time, da	ite and plac	e and due to the	cause(s) stated	l (Signatu	re & Tille)	-
21b. DATE SIGNED (Mo	o/Day/Yr)		н	- B &	2b. DATE	SIGNED (An/Dav(Yr)	1220	HOUR O	DEATH	
		22:4	8	S S S	1	7/4		1	HOOK O	DEATH	
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TOU. HAME AND ADDRESS OF	Ferozan Malai	ICIAN, ATTENDING PI	HYSICIAN, MED	ICAL EXAMI	NER, OR C	ORONER	(Type or Prin	11) 2	3b. LICE	ISE NUMBER	
24a. REGISTRAR (Signature)			SON SHEEL L	24b DATE	NV 89	119	TOAD			11605	
			n '	(Mo/Day/Yr)							E DISEASE
25. IMMEDIATE CAUSE	(ENTER ONLY O	NE CAUSE PER LINE	EOR (a) (b) Al	ID (c))	Aug	ust Us, 2	:019	11:5	<u> </u>	لنشا	
PARTI (a) Head And	d Neck Cand	cer	1 O11 (a), (b), A	4D (U).)	1				Interval	between onse	t and death
DUE TO, OR A	S A CONSEQUENC	E OF:						·			
(b)	\ \							i	Interval	belween onse	t and death
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(c)	/ /	V			/			-	Interval	belween onset	! and dea:*
DUE TO, OR A	S A CONSEQUENC	E OF:		/	/			······································	Interval	halwaan onen	L pod dooib
(d)											1
PART II OTHER SIGNIFICANT	CONDITIONS-Cond	litions contributing to di	eath but not resu	illing in the u	nderlying ca	ause given	in Part 1.	26 AUTOF	SY (Spec	II 27 WAS CASE	
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OR PENDING INVEST. (Speary)	28b. DATE OF INJUR	Y (Mo/Day/YI) 28	c. HOUR OF INJUI	Y 28d. DI	SCRIBE HO	W INJURY C	CCURRED		140	<u> </u>	No
28e. INJURY AT WORK (Specify	281. PLACE OF IN	JURY- At home, farm,	street, factory, o	ffice 28a. L	OCATION	ara	FET OR R F	D No. CITO	V 00 T00	(A)	
1 69 01 140)	building, etc. (Spe-	cify)				571		170. QII	OK 101	AIA	STATE
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	Guy 3b. CITY, TOWN, OR LOCATI Las Vegas 5. RACE (Specify) 9a. STATE OF BIRTH (II not U name country) 15a. RESIDENCE - STATE Nevada 16. FATHER/PARENT - NAME 18a. INFORMANT- NAME (Typ Francis F 19a. BURIAL, CREMATION, RI BURIAL 20a. FUNERAL DIRECTOR - S LENNI 21a. To the best of my kr 19a. 21a. To the best of my kr 21b. DATE SIGNED (Mc August 07, 2013 21d. NAME OF ATTENE 23a. NAME AND ADDRESS OF 24a. REGISTRAR (Signature) 25. IMMEDIATE CAUSE PART I (a) DUE TO, OR A (d) PART II OTHER SIGNIFICANT 28a. ACC. SUICIDE, HOM, UNDET. OR PENDING INVEST. (Specify)	GUY LAVOR 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. Las Vegas 5. RACE (Specify) White 9a. STATE OF BIRTH (II not US/CA, 19b. CITIZ Utah) 13 SOCIAL SECURITY NUMBER 14a. USL 15a. RESIDENCE - STATE 15b. COUNTY Nevada Clari 16. FATHER/PARENT - NAME (First Middle Last Christian CC Chris	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas Nathan 5. RACE (Specify) White 9a. STATE OF BIRTH (If not US/CA, name country) Utah 13 SOCIAL SECURITY NUMBER 15a. RESIDENCE - STATE Nevada 15b. COUNTY Nevada Clark 16. FATHER/PARENT - NAME (First Middle Last Suffix) Christian CONNELL 18a. INFORMANT- NAME (Type or Print) Francis Frei CONNELL 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETE Burial 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LENNETTE SMITH SIGNATURE AUTHENTICATED TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date signature authenticated to the cause(s) stated (Signature & Title) 21b. DATE SIGNED (Mo/Dby/Yr) August 07, 2019 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTI (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING P FEROZAN MAIAL MD 24b. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATE 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PART I (a) PART II (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) PART II OTHER SIGNIFICANT CONDITIONS-Cenditions contributing to drive the contribution to the	GUY LAVOR 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION Las Vegas Nathan Adelson Ho	GUY LAVOR 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not Lax Vegas Nathan Adelson Hospice-Ten Nathan Adelson Hospice-	Guy Lavor Guy Lavor Sh. CITY, TOWN, OR LOCATION OF DEATH Sc. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give Nathan Adelson Hospice-Tenaya 5. RACE (Specify) White Sh. Hispanic Origin? Specify White Sh. Hispanic Origin? Specify White Sh. Hispanic Origin? Specify Ta. AGE-Last birthday (Years) 84 98. STATE OF BIRTH (If not US/CA. Utah Utah Utah Utah Utah The Social Security Number 14a. USUAL OCCUPATION (We Kin'd of Work Done During Most of Mork Done During Most of Bodyman 15a. 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"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

DATE ISSUED: AUG 2 1 2010 By:

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 · 702-756-1010 · Tax ID # 88-0151573

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