

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.

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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.

DATED this _____ day of MAR 27 2023, 2023.

Francis Connell by
Micki Lynn Dunkerley P.A.
Francis Connell, by Micki Lynn Dunkerley
Power of Attorney

SUBSCRIBED and SWORN to before me by Micki Lynn Dunkerley, this _____ day of
MAR 27 2023.



NOTARY PUBLIC

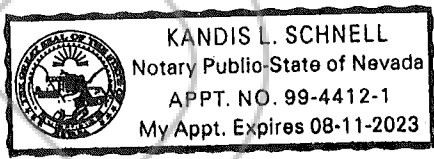
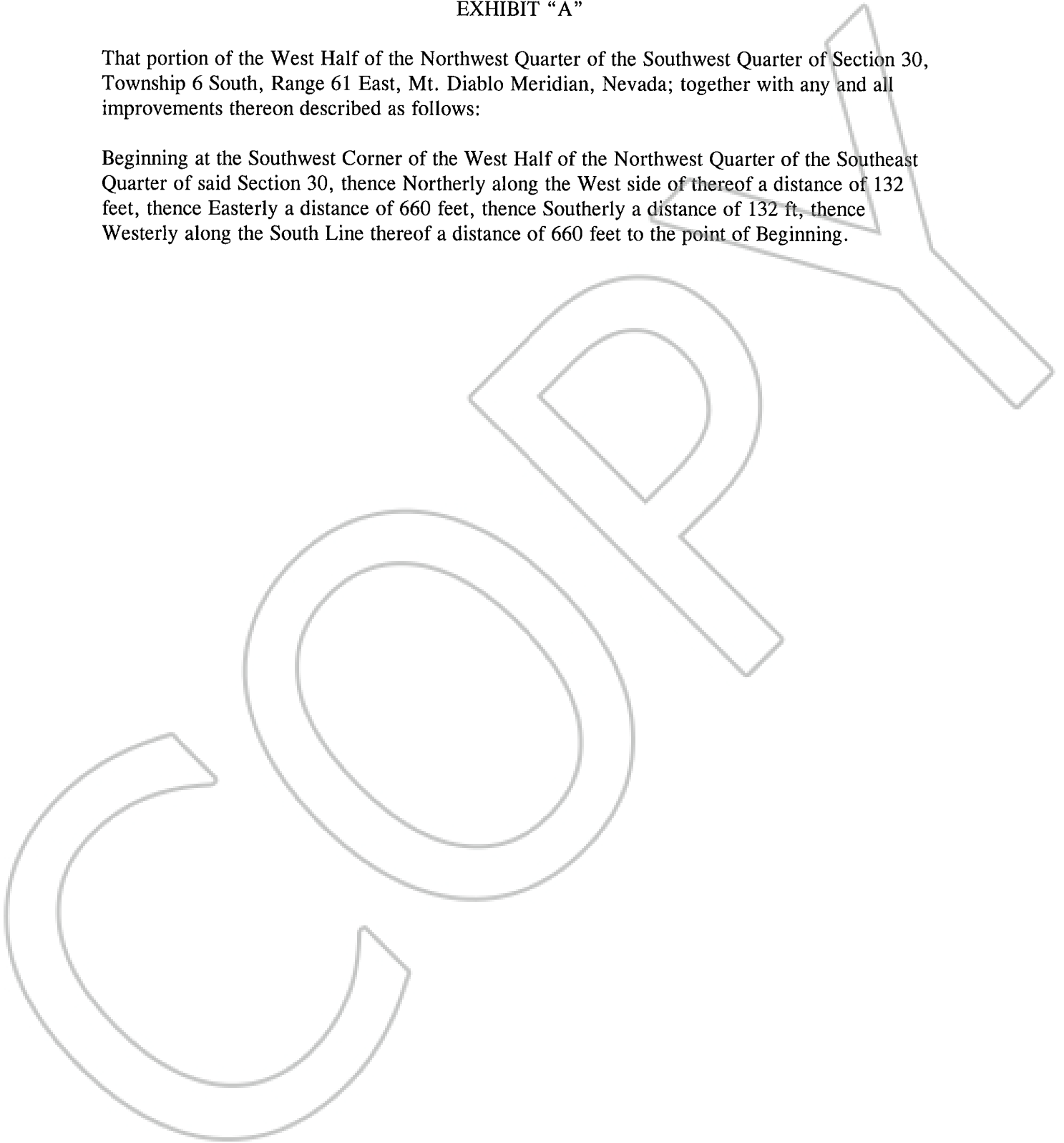


EXHIBIT "A"

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.



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. 4096368

2019015711
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) Guy Lavor CONNELL		2. DATE OF DEATH (Mo/Day/Year) August 05, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or 3e.If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Nathan Adelson Hospice-Tenaya Hospice Facility (HFS)		4. SEX Male	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 02, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Francis FREI	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bodyman		14b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE REPAIR (GARAGE)	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2490 N Walnut Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Christian CONNELL			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Matilda TURNBEAUGH		
18a. INFORMANT - NAME (Type or Print) Francis Frei CONNELL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2490 N Walnut Rd Las Vegas, Nevada 89115			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Bunker's Memory Gardens		19c. LOCATION City or Town State Las Vegas Nevada 89129	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LENNETTE SMITH		20b. FUNERAL DIRECTOR LICENSE NUMBER FD893		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
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) FEROZAN MALAL MD			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) August 07, 2019		21c. HOUR OF DEATH 22:48		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Ferozan Malal MD 4141 Swenson Street Las Vegas, NV 89119			
23b. LICENSE NUMBER 11605		24a. REGISTRAR (Signature) NANCY BARRY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 09, 2019		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) Head And Neck Cancer Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 1.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
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			

LOCAL REGISTRAR

"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: **AUG 21 2019**
 Registrar of Vital Statistics
 By: *[Signature]*
 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 • 702-750-1010 • Tax ID # 88-0151573



VRS-Rev-20120523a

MANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE