

After recording, please return to:

Name: Ann Morgan
Address: 4333 Reno Hwy
Sp. 25
City, State, Zip: Fallon, NV 89406
Phone: 705-776-4620
Assessor's Parcel Number: 010-163-01



OFFICIAL RECORD
AMY ELMER, RECORDER

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

Ann Marcoux NKA Ann Morgan 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 Ann Marcoux NKA Ann Morgan, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on January 19-1994, as Document No. 101358, in Book 1080, Page(s) 396, 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 Lot twenty two (22) Sunrise Acres Tract # and described as follows:

Being a portion of the Southeast Quarter (SE1/4)
and the Southeast Quarter (SE1/4) of the
Southwest Quarter (SW1/4) of Section 35,
Township 3 South, Range 55 South,
M. D. B. & M, Lincoln County, Nevada

4. LeRoy F. Nickell, (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 FATHER.
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 Ann. Martoux N.K.A. Ann Morgan, as sole owner.

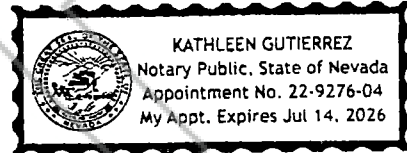
DATED this 23 day of May, 2023

Ann Morgan
Affiant

State of Nevada)
County of Churchill)

Subscribed and Sworn to before me on this
23 day of May, 2023 by
Ann E. Morgan

Kathleen Gutierrez
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

201008698

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) LeRoy Franklin NICKELL		2. DATE OF DEATH (Mo/Day/Year) June 14, 2010		3a. COUNTY OF DEATH Churchill	
3b. CITY, TOWN, OR LOCATION OF DEATH Fallon		3c. HOSPITAL OR OTHER INSTITUTION--Name (If not either, give street and number) 508 Cleveland Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 23, 1929		9a. STATE OF BIRTH (If not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE OR DOMESTIC PARTNER	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Retired Army Officer		14b. KIND OF BUSINESS OR INDUSTRY United States Army	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Churchill		15c. CITY, TOWN OR LOCATION Fallon	
15d. STREET AND NUMBER 508 Cleveland Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Ernest L NICKELL	
17. MOTHER - NAME (First Middle Last Suffix) Maud MCCALL		18a. INFORMANT - NAME (Type or Print) Ann MORGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2060 Eliza Glynne Lnae Knoxville, Tennessee 37931	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Smith Family Crematory		19c. LOCATION City or Town State Fallon Nevada 89407	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JEFF T SMITH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 47		20c. NAME AND ADDRESS OF FACILITY Smith Family Funeral Home PO BOX 1545 Fallon NV 89407	
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) GARY CHARLES RIDENOUR M.D. SIGNATURE AUTHENTICATED			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) June 16, 2010		21c. HOUR OF DEATH 20:00		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) Gary Charles Ridenour M.D. 625 W. Williams Fallon, NV 89406		23b. LICENSE NUMBER 4525	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 16, 2010		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				Interval between onset and death	
(a) Cardiac arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) End Stage Chronic Obstructive Pulmonary disease				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II				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					

STATE REGISTRAR



336805

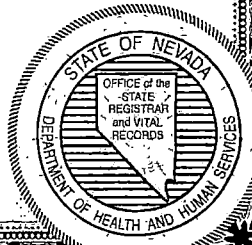
CERTIFIED COPY OF VITAL RECORDS

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: 06/16/2010

Christina Griffith
SIGNATURE AUTHENTICATED

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



VRS-Rev-20080802