

After recording, please return to:

Name: Ann Morgan)
 Address: 4333 Reno Hwy)
Sp. 25)
 City, State, Zip: FALLON, NV. 89406)
 Phone: 800-766-4620)
 Assessor's Parcel Number: D10-163-01)



00011895202301648670030036

OFFICIAL RECORD
AMY ELMER, RECORDER

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

Ann Marcony 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 Marcony 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. Elka E. 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 Mother.

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 Marcoux NKA Ann Morgan as sole owner.

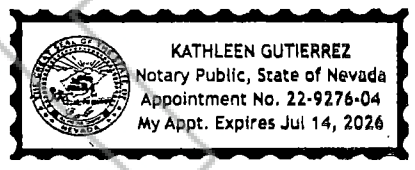
DATED this 23 day of May, 2023.

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

2010003049
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) Ella Erna NICKELL		2. DATE OF DEATH (Mo/Day/Year) March 02, 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) Banner Churchill Community Hospital		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 09, 1937		9a. STATE OF BIRTH (if not U.S.A., name country) Germany		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE OR DOMESTIC PARTNER LeRoy NICKELL	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
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		15f. Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Walter KOEPKE			17. MOTHER - NAME (First Middle Last Suffix) Ella Erna WOALGEMUTH		
18a. INFORMANT - NAME (Type or Print) Ann MORGAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State Zip) 1690 Shoffner Lane Fallon, Nevada 89406			
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) TREVOR PHAN MD 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) March 03, 2010		21c. HOUR OF DEATH 15:55		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) TREVOR PHAN MD 801 East Williams Avenue Fallon, NV 89406				23b. LICENSE NUMBER 12765	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 05, 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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: Ventricular Tachycardia (b) Urinary Tract Infection, Sepsis DUE TO, OR AS A CONSEQUENCE OF: Urinary Tract Infection, Sepsis (c) Brain Lymphoma DUE TO, OR AS A CONSEQUENCE OF: Brain Lymphoma (d) PART II				Interval between onset and death	
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

3523946

VRS-Rev-20090602

318237

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: 03/05/2010

Rud White
SIGNATURE AUTHENTICATED

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

PBNC0 (Rev) 11/06

