



OFFICIAL RECORD
AMY ELMER, RECORDER

APN 013-030-20

APN _____

APN _____

AFFIDAVIT TERMINATING JOINT TENANCY

Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

X I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____
(State specific law)

Alice S. Denton Attorney
Signature Title

Alice S. Denton, Esq.
Print

03/23/2023
Date

Grantees address and mail tax statement:

Ms. Rubie R. Mosqueda
2213 Marble Gorge Drive
Las Vegas, Nevada 89117

3. That RUBIE R. MOSQUEDA is the identical person named as one of the grantees in that certain deed pertaining to the property described above recorded in Document No. 124829, Book No. 203, Page 236-237 of the Official Records of the County Recorder of Lincoln County, Nevada.

4. That JAMES E. COLEMAN is the identical person named as one of the grantees in that certain deed pertaining to the property described above recorded in Document No. 124829, Book No. 203, Page 236-237 of the Official Records of the County Recorder of Lincoln County, Nevada.

5. That the said JAMES E. COLEMAN died in the County of Clark, State of Nevada, on March 1, 2022 , and was the identical person described in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof.

Dated this 22 day of March, 2023

Rubie R. Mosqueda
RUBIE R. MOSQUEDA

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CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

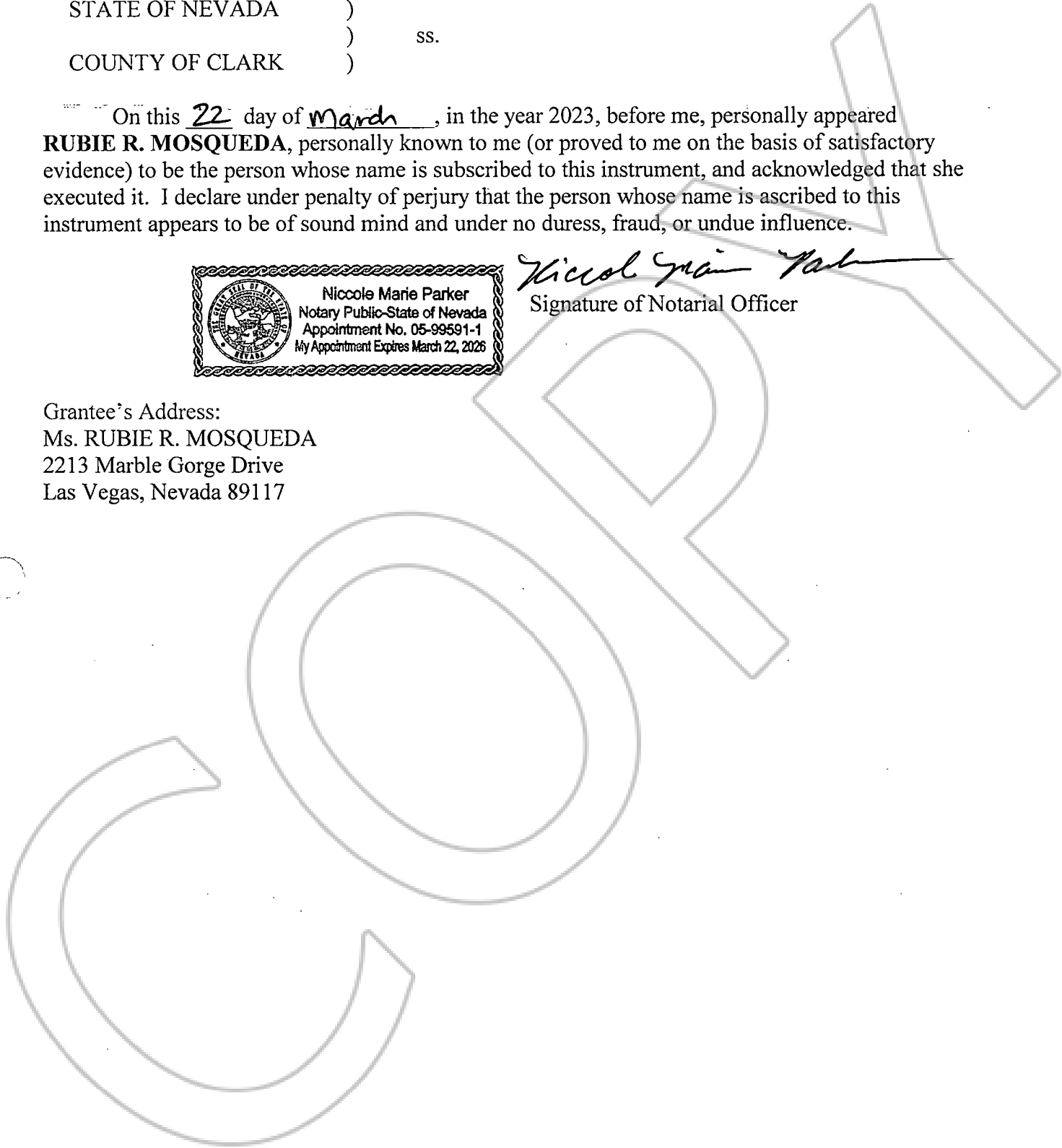
STATE OF NEVADA)
)
COUNTY OF CLARK) ss.

On this 22 day of March, in the year 2023, before me, personally appeared **RUBIE R. MOSQUEDA**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.



Nicole Marie Parker
Signature of Notarial Officer

Grantee's Address:
Ms. RUBIE R. MOSQUEDA
2213 Marble Gorge Drive
Las Vegas, Nevada 89117



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4270713

CERTIFICATE OF DEATH

2022006653
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

Burial

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) James Edward COLEMAN		2. DATE OF DEATH (Mo/Day/Year) March 01, 2022		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 address number) Summerlin Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR (MOS. DAYS)		7c. UNDER 1 DAY (HOURS MINS)	
8. DATE OF BIRTH (Mo/Day/Yr) October 20, 1938		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Rubie RAMIREZ	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Engineer		14b. KIND OF BUSINESS OR INDUSTRY CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN, OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2213 Marble Gorge Drive		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. PARENT - NAME (First, Middle, Last, Suffix) Wylie Barry COLEMAN			17. PARENT - NAME (First, Middle, Last, Suffix) Sally Belle POSTON		
18a. INFORMANT-NAME (Type or Print) Rubie MOSQUEDA-COLEMAN		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 2213 Marble Gorge Drive Las Vegas, Nevada 89117			
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) RUSSELL E DONALDSON		20b. FUNERAL DIRECTOR LICENSE NUMBER FD963		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JOHN J KIM MD					
21b. DATE SIGNED (Mo/Day/Yr) March 11, 2022		21c. HOUR OF DEATH 20:03			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
				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) John J Kim MD 657 N Town Center Drive Las Vegas, NV 89144					
23b. LICENSE NUMBER 10539					
24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 14, 2022		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				Interval between onset and death 1 Min	
(b) Unknown Etiology				Interval between onset and death 1 Hour	
(c)				Interval between onset and death	
(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 I.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
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			

*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: 3/23/2022

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *[Signature]*
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Fax ID # 88-015173

