LINCOLN COUNTY, NV

2023-166086

\$37.00

Rec:\$37.00

10/23/2023 10:51 AM

FIRST AMERICAN TITLE INSURANCE COMPRISE 2 KC

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.:

004-161-07

File No:

13895-2668994 (RC)

When Recorded return to, and mail Tax Statements to:

Margaret A. Bolding

P.O. BOX 364200

N. Larregas No 8903Le

AFFIDAVIT - TERMINATING JOINT TENANCY

Margaret A. Bolding, of legal age, being first duly sworn, deposes and says:

That **George A. Bolding**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **George A. Bolding** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **April 07, 2008** executed by **Lawrence W. Olson, Trustee** to **Margaret A. Bolding and George A. Bolding** as joint tenants, recorded as Document No. **0131444** on **April 28, 2008** in Book **241** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada**:

LOT THREE (3), IN BLOCK TWO (2) OF ALAMO WEST SUBDIVISION - PHASE II, AS SHOWN BY MAP THEREOF RECORDED OCTOBER 15, 1993 IN PLAT BOOK A, PAGE 392, AS FILE NO. 101044 IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

				marg	ent a	Bolding	10/18/2	1023
garden (Margaret A.	Bolding		Date	
p de la constitución de la const	STATE OF	NEVADA)	/ /				
	COUNTY OF	CLARK)			_		
					<u> </u>	Diffenbau	9h	
\.		nt was acknowledged day of				K. DIFFENBAL NOTARY PUB STATE OF NEV My Appt. Expires: 08 Appt. No: 18-39	LIC ADA /15/2026	
7	By: Margaret	A. Bolding						
·	By: K	Notary Public	/ Its:			18-39	05-	
	(My commission	on expires: <i>D</i> 8/	115/2024).					



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

CASE FILE NO. 3878817

CERTIFICATE OF DEATH

2016202506

PRINTIN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)					2 DATE OF DEATH Marina Marina and COUNTY OF DEATH						
PERMANEN						2. DATE OF DEATH (Mo/Day/Year) 3a, COUNTY OF DEATH						
BLACKINK			BOLDING			JR February 14, 2016 ot eacher give street an 3e. If Hosp. or Inst. Indicate DOA; OP/Emer				Clar	k 🖣	
S :	Jab. CITY, TOWN, OR LOCATIO	N OF DEATH 3c.					eet an 3e.If Hosp.	or Inst. indicate	DOA;OP/Emer	.∙Rm.	4. SEX	
DECEDENT	Las Vegas	1	Southe	rn Hills Hospital	Medical (Center '	Inpatient(S		tient		Male !	
B. DLOLDL II	5. RACE White	4		Origin? Specify	7a. AGE-Le	s' pirthday 7b.	UNDER 1 YEAR	70. UNDER 1	DAY IS DATE	GE BIRTH	/Mo/Day/Yet	
	(Specify)	• \$	No - Non-I	Hispanic	(Years)	' ; [MOS DAYS	HOURS M	INS !			
IF DEATH	9a. STATE OF BIRTH (If not US	CA 96 CTIZ	EN OF WHAT CO	LINTRY 10 EDUCATI	ON 11 JAR	75 TA STAT IS (S	l la cità	ANUNC SPOUSE		April 27,		
IF DEATH OCCURRED INSTITUTION SEE	name country) Arizona	7	United States 12 N			Varries			SE'S NAME (_ast name prior to first marriage) Margaret ANTONETTI			
M: HANDBOOK	13. SOCIAL SECURITY NUMBER		a. USUAL OCCUPATION (Give Kind of Work Done Do									
REGARDING COMPLETION OF RESIDENCE		-	Hvac Technicia									
ITEMS	15a. RESIDENCE - STATE	15t. COUNTY							15e. INSIDE OTTY LIMITS (Specify Yes			
حـــا	Nevada	Clark	1	North Las Veg		322 James				LIMITS		
_	16. FATHER/PARENT - NAME	1	" 1	TOTAL END VEG				•		UI NO	Yes :	
PARENTS					1 . M	DIREMPARE	ENT - NAME (Fir		794	e e	N	
	Gecrge A BOLDING SR 18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDR				2500 (8)	Miriam Grace FELLON						
	18a. INFORMANT- NAME (Type or Print) Margaret EOLDING					TEEL OF R. F.D.	. No, City or Town	, State, Zip)	4	7	The same of	
	150 BUBBAL CREMATION REMOVAL OTHER CONSTRUCTION OF SECTION OF SECT											
DISPOSITION	Cremai		pecily) 195. CEIV		Im Crema		\ \	· ·	ON Cty or T	-	ale	
				JE . %.				La La	s Vegas Ne	vada 89	101	
	20a. FUNERAL DIRECTOR - SI	H M PALME	son Acting as Suct	1) 20b. FUNERAL LICENSE NUM	DIRECTOR	200. NAME A	AND ADDRESS O				* **	
		TURE AUTHENT	_	FD85					H≘nderson	ŧ		
TRADE CALL	TRADE CALL - NAME AND ADD		CATED		- 1		800 S Boul	der Hwy He	ncerson NV	39015	į	
	2 24 Talbabasis		urred at the time	data and alone and di		200000000000000000000000000000000000000				-i		
	to the cause(s) stated (Si	ignature & Title)	oned at the time,	date and place and do	·	za. Un the basi: L'hetime cate:	s of examination an and place and due t	d/or investigation	n, in my opinion o	ieath occur:	red	
05555	21b. DATE SIGNED (Mo		,		- 1 新井 <i>F</i>	LANE O	LSON M.D.		SIGNATU	RË AUTH	ENTICATED	
CERTIFIER	21b. DATE SIGNED (Mo	√Day.Ƴr)	21c. HOUR OF D	DEATH	Be Comple		GNED (Mo/Day/Y		22c. HOUR OF	DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL				_ 5 8	បីទី <u>February 16, 2016</u> 01:4						
11					18 G					E. PRONOUNCED DEAD AT (Hour)		
. 1					76.	February 14, 2016				C1:43	=	
Í	200. WANTE AND ADDITESS OF	Alane Olso	n M D 1704	Pinto Lane Las	Vegae N	INER, OR CO	RONER) (Type or	P(int)	23b, LICENS		R	
REGISTRAR	24z. REGISTRAR (Signature)		AN ZANN				Y REGISTRAR	JOAN DEAT	U FUE TO COL	9482		
REGISTRAR			E AUTHENTIC	7.1	(Mo/Day/Yr)	١.	ry 17, 2016	487	HEUE TO CON		-	
CAUSE OF	25: IMMEDIATE CAUSE			LINE FOR (a), (b), AN	D (e))					NO X		
DEATH		ry Thrombo	emboli	CINE I ON (a), (b), AIN	ib (c).)	1. Pa		, it	interval b	elween on:	set and death	
DEATH &		S A CONSEQUEN			-							
CONDITIONS IF	Deen Va	nous Throm							Interval o	etween on	set and death	
ANY WHICH GAVE RISE TO		AS A CONSEQUEN				. 1				<u> </u>		
IMMEDIATE CAUSE STATING THE	Decrease	ed Mobility F	Followina F	all	1 1				a interval b	etween on:	set and death 3	
STATING THE UNDERLYING CAUSE LAST	(6)	S A CONSEQUENCE	_		_/				3	± .		
CAUSE LAST		T. GONOLGOLIN			/	/			interval b	etween on	set and death	
/ 5	(d) PART II OTHER SIGNIFICANT	CONDITIONS Con	ditions and thutin	- 1- W11- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1		f . i			<u>i</u> .	į.		
/ /	PART II OTHER SIGNIFICANT Aortic Dissection	;	ditions contributing	g to death but not res t	illing in the u	inderiying cau	se given in Part 1.	26. AL	TOPSY (Specif	27. WAS CA	SE TO CORONER	
E/ /s		7	No.		A Property and the second			1,000	Nc.	(Spacify Ye	TO CORONER TO SO TO CORONER TO SO TO CORONER TO TO COR	
/ /	28s. ACC., SUICIDE, HOM., UNDET. OR FENDING INVEST. (Specify)	28b. DATE OF INJU	The state of the s	28c. HOUR OF INJUR		Esc=IBEHCW From Heigh	INJURY OCCURRED)				
	ACCIDENT "	January	06, 2016		l Lat	r is ii negi	ıı			· 'ş'	9	
	28e. INJURY AT WORK (Specify		NJURY- At home,	farm, street, factory, o	ffice 28¢.	LCCATION	STREET OR	R.F.D. No	CITY CR TOW	N .	STATE	
	Yes or No) No	building, etc. (Spe	ecify)	Home		2 Lames Str	eet		North Las		Nevada	
	,		75							* 0500		
I \ \ \ '	,	# E	- X	LOCAL	REGIST	RAR						
\ \	AKA: George A BOLDING			LOCAL	REGIST	RAR			• .	-		

"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 state Board of Health pursuant to NRS 440.175.

/RS-Rev-20120523a



ANY ALTERATION OR ERASURE VOIDS THIS CERTE

DATE ISSUED: FEB 2 4 2016 By: Of Charles State of Registrer.

This copy not valid unless prepared on watermarked security paper displaying cats, seal and signature of Registrer.

SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas , NV 89[27 • 702-759-1010 • Tax ID # 88-015-573

