

LINCOLN COUNTY, NV **2023-166086**  
\$37.00  
Rec:\$37.00 **10/23/2023 10:51 AM**  
FIRST AMERICAN TITLE INSURANCE COMPANY  
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. Las Vegas, NV 89036

**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.**

Margaret A Bolding 10/18/2023  
Margaret A. Bolding Date

STATE OF **NEVADA** )  
 )  
 ) :ss.  
COUNTY OF **CLARK** )

This instrument was acknowledged before me on this:  
18<sup>th</sup> day of October, 2023

By: **Margaret A. Bolding**

By: K. Diff. / Its: \_\_\_\_\_

**K. Diffenbaugh**  
K. DIFFENBAUGH  
NOTARY PUBLIC  
STATE OF NEVADA  
My Appt. Expires: 08/15/2026  
Appt. No: 18-3905-1

**18-3905-1**

Notary Public  
(My commission expires: 08/15/2026)

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. 3878817

2016002506
STATE FILE NUMBER

TYPE OF PRINT IN PERMANENT BLACK INK

DECEASED

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

Form containing fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX), 2. DATE OF DEATH (Mo/Day/Year), 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 4. SEX, 5. RACE, 6. Hispanic Origin?, 7a. AGE-Last birthday, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH (Mo/Day/Yr), 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARITAL STATUS, 12. SURVIVING SPOUSE'S NAME, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15c. COUNTY, 15d. CITY, TOWN OR LOCATION, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE NUMBER, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT (Hour), 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTO PSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION STREET OR R.F.D. No., CITY OR TOWN, STATE

AKA: George A BOLDING

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 state Board of Health pursuant to NRS 440.175.

JRS-Rev-20120523a



2307E9

DATE ISSUED: FEB 24 2016

This copy not valid unless prepared on watermarked security paper displaying catz, seal and signature of Registrar. SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-015-573

Registrar of Vital Statistics

By: [Signature]

