

After recording, please return to:)
Name: Riki Hollinshead)
Address: P.O Box 524)
City, State, Zip: Caliente, NV, 89008)
Phone: 435-218-5547)
Assessor's Parcel Number: 012-170-60)



OFFICIAL RECORD
AMY ELMER, RECORDER

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

Riki Hollinshead, 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 Riki Hollinshead, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 11/01/2014, as Document No. 2014-144790 in Book D, Page(s) 113, 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 174 SR Highway 319, Panaca, NV, and described as follows: 89012 That portion of the Northeast Quarter CNE1/4 of the Southeast Quarter (SW1/4) of Section 8, Township 2 South, Range 68 East, M.D.B&M, more particularly described as follows: Parcel 2A of that certain Subsequent Parcel map for Esther F. Cole recorded January 10, 2024 in the office of the County Recorder of Lincoln County, Nevada in the book D of Plans, Page 113 as File No. 144790 Lincoln County, Nevada Records beginning at a point S 89° 50' 33" E, 1575.03 feet along the 1/4 section line and S 01° 00' 30" E, 11.44 feet from the west 1/4 corner of section 8, T2S, R68E, M.D.B&M. Said point being along the N.E. corner of said parcel 2; thence S 01° 00' 30" E, 169.09 feet along the east line of said parcel 2; thence S 88° 15' 05" W, 259.83 feet to the west line of said parcel 2; thence N 02° 30' W, 157.01 feet along west line thence N 30° 23' 41" W, 26.24 feet the N.E. corner of said parcel 2; thence S 89° 01' 00" E, 271.44 feet to the point of beginning.

4. Wilfred Herbert Oliver, (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 grand 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 Riki Hollinshead, as sole owner.

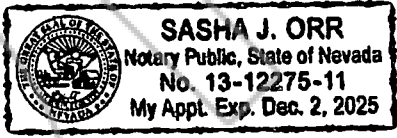
DATED this 25th day of October, 20 23

Riki Hollinshead
Affiant

State of Nevada)
County of Lincoln)

Subscribed and Sworn to before me on this
25 day of October, 20 23 by
Riki L Hollinshead.

Sasha J Orr
Notary Public



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: 4361173

2023018603
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) Wilfred Herbert OLIVAL		2. DATE OF DEATH (Mo/Day/Year) July 20, 2023		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 and number) Nathan Adelson Hospice-Tenaya		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Hospice Facility (HFS)	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 29, 1934		9a. STATE OF BIRTH (If not US/CA, name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION U		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) LINEMAN		14b. KIND OF BUSINESS OR INDUSTRY TELEPHONE COMPANY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 174 State Route 317		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) OLIVAL	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT-NAME (Type or Print) Riki Lee HOLLINSHEAD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 524 Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89122	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RYAN BOWEN		20b. FUNERAL DIRECTOR LICENSE NUMBER FD810		20c. NAME AND ADDRESS OF FACILITY Simple Cremation, Rancho 3620 N Rancho Drive #101 Las Vegas NV 89130	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JAMES R PRYOR APRN		21b. DATE SIGNED (Mo/Day/Yr) July 24, 2023		21c. HOUR OF DEATH 17:40	
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) James R Pryor APRN 3150 N Tenaya Las Vegas, NV 89128		23b. LICENSE NUMBER APRN845321		24a. REGISTRAR (Signature) NANCY BARRY	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 25, 2023		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).) Acute On Chronic Systolic And Diastolic Heart Failure	
25. IMMEDIATE CAUSE (a) Acute On Chronic Systolic And Diastolic Heart Failure		25. IMMEDIATE CAUSE (b) Coronary Artery Disease, Severe Aortic Stenosis, Cardiac Valvular Heart Disease.		25. IMMEDIATE CAUSE (c) Atherosclerosis, Advanced Age	
25. IMMEDIATE CAUSE (d) Dyslipidemia		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		28g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE		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.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannus*

DATE ISSUED: 9/18/2023

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

