

After recording, please return to:)
Name: Louise Buettner)
Address: P.O. Box 873)
City, State, Zip: PANACA NV 89042)
Phone: _____)
Assessor's)
Parcel Number 00214318)



OFFICIAL RECORD
AMY ELMER, RECORDER

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

Louise Buettner, 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 Louise Buettner, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 6/8/2022, as Document No. 2022-162550, in Book NA, Page(s) NA, 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 _____, and described as follows:

PARCEL 1 - A PORTION OF LOT NUMBERED THREE IN BLOCK NUMBERED 15 IN THE TOWN OF PANACA, LINCOLN COUNTY, NEVADA BEGINNING AT THE NE CORNER OF SAID LOT 3 AND RUNNING THENCE SOUTH 132 FEET, THENCE RUNNING AT THE RIGHT ANGLES WEST A DISTANCE OF 159 FEET; THENCE RUNNING AT RIGHT ANGLES NORTH A DISTANCE OF 132 FEET TO THE NORTH BOUNDARY LINE OF SAID LOT 3, THENCE EAST A DISTANCE OF 159 FEET TO THE POINT OF BEGINNING.

PARCEL 2 - A PORTION OF LOT NUMBERED 3 IN BLOCK NUMBERED 15 IN THE TOWN OF PANACA, LINCOLN COUNTY, NEVADA DESCRIBED AS FOLLOWS - BEGINNING AT A POINT 159 FEET WEST OF THE NE CORNER OF SAID LOT 3, SAID POINT BEING ON THE NORTH LINE OF SAID LOT 3, THENCE CONTINUING WEST A DISTANCE OF 105 FEET TO THE NORTHWEST CORNER OF SAID LOT 3, THENCE RUNNING SOUTH ALONG THE WEST LINE OF SAID LOT 3 A DISTANCE OF 132 FEET, THENCE RUNNING EAST AT RIGHT ANGLES A DISTANCE OF 105 FEET TO A POINT; THENCE RUNNING NORTH AT RIGHT ANGLES A DISTANCE OF 132 FEET TO TRUE POINT BEGINNING

NOTE - THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED SEPTEMBER 09, 2017 IN BOOK 311, PAGE 0116 AS DOCUMENTED NO. 151742

4. George J Buettner, (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 Husband.

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 Louise Anne Buettner & George J Buettner as ~~sole owner~~ JOINT TENANTS.

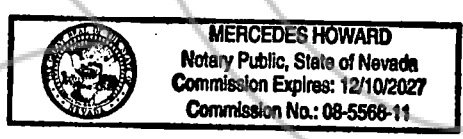
DATED this 19 day of Sept. December 2023.

Louise Anne Buettner
Affiant
Louise Anne Buettner

State of Nevada
County of Lincoln

Subscribed and Sworn to before me on this 19th day of December, 2023 by Louise Buether.

M Howard
Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4366352

CERTIFICATE OF DEATH

2023018647
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) George Jacob BUETTNER Jr.		2. DATE OF DEATH (Mo/Day/Year) August 22, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street number) 51 South 3rd Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No-Non-Hispanic		7a. AGE-Last birthday (Years) 89	
9a. STATE OF BIRTH (If not US/CA, name country) New York		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY CASINO/GAMING	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
16. FATHER/PARENT - NAME (First Middle Last Suffix) George Jacob BUETTNER Sr		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen EHMANN			
18a. INFORMANT- NAME (Type or Print) Louise BUETTNER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 872 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS Southern Nevada Mortuary 730 Front Street Caliente NV 89008					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TROY PAUL BERTOLI 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) August 25, 2023		21c. HOUR OF DEATH 09:30		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) Troy Paul Bertoli MD 3039 W Horizon Ridge Pkwy Henderson, NV 89005				23b. LICENSE NUMBER 12412	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER SIGNATURE AUTHENTICATED		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).)					
PART I				Interval between onset and death	
(a) Cardio Pulmonary Failure				Minutes	
(b) Unknown Left Lung Cancer With Metastatic Spread To Pancreas And Liver				Interval between onset and death	
(c) Smoking				Months	
(d) Nicotine Dependence				Interval between onset and death	
				Years	
				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic Obstructive Pulmonary Disease, Chronic Congestive Heart Failure				26. AUTOPSY (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	
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	

001013689



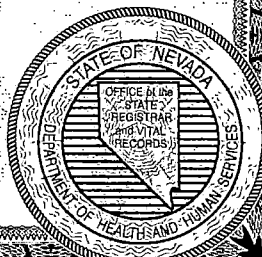
CERTIFIED COPY OF VITAL RECORDS

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.

Cody J. Phinney
STATE REGISTRAR

DATE ISSUED: **9/6/2023**

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE