LINCOLN COUNTY, NV

\$37.00 Rec:\$37.00 2024-166523

01/16/2024 10:53 AM

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JEFFREY BURR LTD.

OFFICIAL RECORD

AMY ELMER, RECORDER

APN: 003-092-08

When Recorded, Mail to:

Jeffrey Burr, Ltd. 2600 Paseo Verde Pkwy, Ste. 200 Henderson, NV 89074

### Mail Tax Statements to:

Mr. Stephen T. Sendlein 456 Jefferson Blvd., Apt. B Henderson, NV 89011

## **AFFIDAVIT - TERMINATION OF JOINT TENANCY**

(Death of a Joint Tenant)

STEVE T. SENDLEIN, of legal age, being first duly sworn, deposes and says:

That ELSIE P. SENDLEIN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ELSIE L. SENDLEIN, named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 18, 1996, executed by ALEX P. CORONOES and DOROTHY M. CORONEOS, husband and wife, to STEVE T. SENDLEIN, an unmarried man, and ELSIE L. SENDLEIN, an unmarried woman, as joint tenants, recorded on July 25, 1996, as Instrument No. 105501, of Official Records of the County of Lincoln, State of Nevada, and more particularly described as follows:

LOT 7 AS SHOWN ON THE AMENDED PLAT OF THE LINCOLN PARK ADDITION TO THE TOWN OF CALIENTE, FILED APRIL 28, 1945 AS FILE NO. 19694, IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

#### SUBJECT TO:

1. Taxes for the current fiscal year, not delinquent, including personal property taxes of any former owner, if any.

2. Restrictions, conditions, reservations, rights, rights of way and easements now of record, if any, or any that actually exist on the property.

Commonly known as:

412 McArthur Dr., Caliente, NV 89008

**GRANTEE'S ADDRESS:** 

STEVE T. SENDLEIN 456 Jefferson Blvd., Apt. B

Henderson, NV 89011

Witness his hand this October 11, 2023.

STEVE T. SENDLEIN

STATE OF NEVADA

) ss.

COUNTY OF CLARK

On this October 11, 2023, before me the undersigned, a Notary Public in and for the said County of Clark, State of Nevada, personally appeared STEVE T. SENDLEIN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

NOTARY PUBLIC

A. R. ANDERSON-REYNOLDS Notary Public, State of Nevada No. 05-95684-1 My Appt. Exp. March 23, 2025

003143

# STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES

,	LOCAL FILE NUMBE	R	и и	CENTIFICATI		*	· !	STA	ATE PILE NUMBER		
TYPE OR PROT	DECEASED NAME FVM		blidde Last			DATE OF DEATH (Month, Day, Year)			COUNTY OF DEATH		
IN PERMANENT	ı Elsie	P.		SENDLEIN		100	h 26, 2004		34. Clark		
BLACK INK	CITY, TOWN OR LOCATION OF	DEATH	HOSPITAL OR OTHER HISTITUTION Name (If not either, give about and number)  8 Hosp, or Inst. indicate DOA, OP/Emer. SEX Rm. Ingestent (Specify)						1_		
DECEDENT	<u>∞. Las Vegas</u>		a. Indeed Cospital of Las Vegas  See Lindred Cospital of Las Vegas  Description of Manager Order Street Town to Bloom Lage Land L. UNDER LYEAR L. UNDER LAND ID DAY I DATE OF						4 Fe		
OCOLOLAI	RACE—(e.p., White, Black, American Indian, etc.) (Specify) 5. White		a Decembers of Happenic Origin? Specify (2) yes 17 no H yes. AGE—Las city Mexican, Cuban, Puerto Pican, etc. 7a. Birthday ( 7a. Bir			YARIR) MICS DAYS HOURS MINS 7D. 7E.			⊾ Aug 21, 1916		
OF DEATH OCCURRED IN INSTITUTION	STATE OF BUTTH (If not U.S.A., marine country)  BL Sklahoma		TIZEN OF WHAT COUN- IY U.S.A.	Occadente Education. Specify highest practs completed.  10. 12		WARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 12.			VIVING SPOUSE (If wife, give maider) nerve)		
SEE HAVESCOX FEGAPONG COMPLETION OF	SOCIAL SECURITY HUMBER		SUAL OCCUPATION (Sine orling Life, Even II Retired)	/ Retired			etaurant				
RESIDENCE FIEMS	AFRIDENCE—STATE	I COUNTY	- HATCKERS	CITY, TOWN, OR LOCAT	ION		T AND NUMBER		INSIDE CITY LIM		
احا	15. Nevada	15b. C1	ark	ı∝ Kendera	on	16d.	105 Ash S	it.	(Specify Yes or N 15e. YES	4)	
	FATHER NAME FIRST		Lingue .	Lend Mr	OTHER-MAJOE	V NAME F	<b>W</b>	Middle	Last	- 7	
PARENTS	16 Thomas	Dani	el Pie	rce 10			Lou		Turner		
	INFORMANT—NAME (Type or Print)  MAILING ADDRESS (Street or R.F.D. No., City or Town, State, 72p)										
	184 Margaret L. Schneider - Bughter 184 3790 W. Noberly Ave. Las Vegas Nevada 89139										
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DISPOSITION	100. Burist 100. Palm Nemorial Park 100. Henderson, Nevada										
	FINERAL DIRECTOR SCALEGIES OF FACILITY Pals Hortzary - Henderson LICENS NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson LICENS NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY Pals Hortzary - Henderson Licens NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF FACILITY PALS HORTZARY - HENDERSON NAMER AND ADDRESS OF										
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	2 2fa. To the best of ny knowledge, death occurred at the time, date and place and , clos to the causing a stated, in the time, date and place and the time, date and place and due to the cause(a) attack on the cause(a) and manner stated.  5 5 (Signature and 78te)  5 5 (Signature and 78te)										
	DATE SIGNED (No.	Day, Yr.)	HOUR OF DEATH 50 0			DATE SIGNED (Ma., Day, Yr.) HOUF			R OF DEATH		
	8 21h. 3, 10	.64	2.7			220.					
CERTIFIER	SE SCHEDOLD THE SERVED PAGE OF ATTENDER	NG PHYSICIAN	N IF OTHER THAN CERTIFIER (Type or Prior)			NONOUNCED DEAD (Mr., Day, Yr.) PRON			IOUNCED DEAD (Hour)		
						22d. ON		224. AT			
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Typo or Princ)							-	LICENSE NUMBER		
	Mahfoud Beajow MD 3006 S. Maryland Pkwy. Las Vegas Nevada 89109								236. 9566		
CONDITIONS IF ANY WHICH GAVE	REGISTRAR 24a. (Signeture)	L'all	a Manuel	. 1.	MAR 3	1 2004	24c YES	NO EE			
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/ June Deal	DUE TO, OR AS A CONSEQUENCE OF:								MENYAL DEGMOOT CINES! AF	10 USEAN	
7	DUE TG, OR AS A CONSEQUENCE OF								Interval between onset and death		
CAUSE OF DEATH	Yaa' o' No)								WAS CASE REFERRED TO CORONER (Specify Year or No.) 27. NO.		
\	ACC., SUICIDE, HOM, UNDET. OR PENDING INVEST.	. DATE OF IN	JURY (MO., Day, 99.) [ HOLH	OF PUURY DES	CRIBE HOW INJ	URY OCCUPRED	26. NO	7 = 1	· NU		
\ .	OR PENDING INVEST. (Specify)	256	280.	Mi 28d.							
\ \	INJURY AT WORK (Specify Yes or No)	PLACE OF	DUJUSTY—Al home, form, a building, etc. (Spe	treet, factory, office LOC	ATION.	STREET OR F	I.F.D. No.	OT RO YTE	OWN STATE	A	
1 1	Speriol Les (true)	28L ,	American Water Logical	28g.		Reservation of the				1	
N	<b>1</b>	- /		#**		•				_	

STATE REGISTRAR

No. 263229



"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

DEC 2 0 2023

DATE ISSUED: UEU 2 0 2023 By: 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

