

LINCOLN COUNTY, NV

2024-166523

\$37.00

01/16/2024 10:53 AM

Rec:\$37.00

JEFFREY BURR LTD.

Pgs=3 KC

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. CORONOS 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:

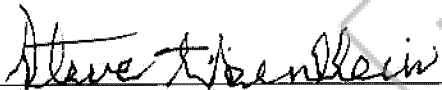
1. Taxes for the current fiscal year, not delinquent, including personal property taxes of any former owner, if any.

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.

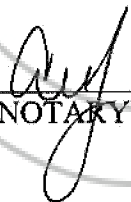


STEVE T. SENDLEIN

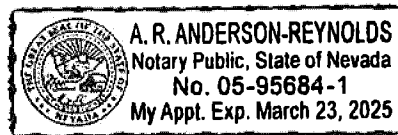
STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

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



STATE OF NEVADA CERTIFICATION OF VITAL RECORD

003143

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	STATE FILE NUMBER
DECEDENT	1. Elsie P. SENDLEIN	2. March 26, 2004
	3a. Clark	3b. Clark
	3c. Las Vegas	3d. Kiadred Hospital of Las Vegas
	3e. Inpatient	3f. Female
IF DEATH OCCURRED IN INSTITUTION SEE MEDICAL RECORDS—COMPLETION OF RESIDENCE ITEMS	4. White	5. White
	6. Oklahoma	7. U.S.A.
	8. Aug 21, 1916	9. 12
	10. Widowed	11. Widowed
PARENTS	12. Waitress / Retired	13. Restaurant
	14. Nevada	15. Clark
	16. Thomas Daniel Pierce	17. Millie Lou Turner
	18. Margaret L. Schneider - Daughter	19. 3790 W. Moberly Ave. Las Vegas Nevada 89139
DISPOSITION	20. Burial	21. Palm Memorial Park
	22. Henderson, Nevada	23. Henderson, Nevada
	24. Funeral Director—Name (Type or Print)	25. Funeral Director License Number
	26. Funeral Home Name and Address of Facility	27. Funeral Home Name and Address of Facility
CERTIFIER	28. DATE SIGNED (Mo., Day, Yr.)	29. HOUR OF DEATH
	30. 3.30.04	31. 2:40 PM
	32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
	34. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)	35. LICENSE NUMBER
CAUSE OF DEATH	36. REGISTRAR	37. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)
	38. Signature	39. MAR 31 2004
	40. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))	41. DEATH DUE TO COMMUNICABLE DISEASE
	42. Chronic obstructive pulmonary disease	43. Interval between onset and death
44. PART 1		45. Interval between onset and death
46. PART 2		47. Interval between onset and death
48. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.		49. AUTOPSY (Specify Yes or No)
50. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		51. WAS CASE REFERRED TO CORONER (Specify Yes or No)
52. DATE OF INJURY (Mo., Day, Yr.)	53. HOUR OF INJURY	54. DESCRIBE HOW INJURY OCCURRED
55. INJURY AT WORK (Specify Yes or No)	56. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	57. LOCATION
58. STREET OR R.F.D. No.	59. CITY OR TOWN	60. STATE

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.

DATE ISSUED: **DEC 20 2023**

Registrar of Vital Statistics

By: *[Signature]*

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

