

LINCOLN COUNTY, NV

2024-166586

\$37.00

02/06/2024 12:36 PM

Rec:\$37.00

FIRST AMERICAN TITLE INSURANCE COMPANY 2 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 011-120-03
File No: 13895-2669933 (DP)

When Recorded return to, and mail Tax Statements to:
Rogon Haslem
6781 Park Road
Hiko, NV 89017

AFFIDAVIT - TERMINATING JOINT TENANCY

Rogon Haslem, of legal age, being first duly sworn, deposes and says:

That **Edna Christine Haslem**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Edna Christine Haslem** named as one of the parties in that certain **Joint Tenancy Quitclaim Deed** dated **02/16/2012** executed by **Edna Christine Haslem to Edna Christine Haslem and Rogon Haslem** as joint tenants, recorded as Document No. **0140547** on **02/16/2012** in Book **269, Page 0614** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

LOT 13 OF THE ASH SPRINGS SUBDIVISION AS SHOWN BY THE MAP THEREOF, ON FILE (NO. 45095) IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA.

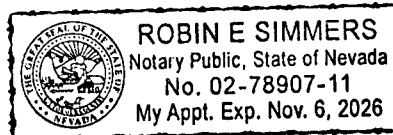
[Handwritten Signature] *1-23-24*

Rogon Haslem
Rogon Haslem

Date

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

This instrument was acknowledged before me on this:
23 day of January, 2024



By: **Rogon Haslem**
[Handwritten Signature]

Notary Public
(My commission expires: 11-6-2024)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4064350

CERTIFICATE OF DEATH

2019002038
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) Edna Christine HASLEM		2. DATE OF DEATH (Mo/Day/Year) January 31, 2019		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Hiko		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 6781 Park Road		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) 88	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		7b. UNDER 1 YEAR MOS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		7c. UNDER 1 DAY HOURS	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		7d. UNDER 1 DAY MINS	
15c. CITY, TOWN OR LOCATION Hiko		15d. STREET AND NUMBER 6781 Park Road		8. DATE OF BIRTH (Mo/Day/Yr) January 02, 1931	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Christian Ralph OLSON		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Velma Pauline LUNDBERG			
18a. INFORMANT- NAME (Type or Print) Rick HASLEM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4 Grant Avenue Ely, Nevada 89301			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Ely City Cemetery		19c. LOCATION City or Town State Ely Nevada 89301	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) NICOLE ROMERO		20b. FUNERAL DIRECTOR LICENSE NUMBER FD101		20c. NAME AND ADDRESS OF FACILITY Mt. Vista Chapel PO BOX 151707 Ely NV 89315	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ROY WALCH					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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) ROY WALCH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) R William Katschke Jr. MD		22b. DATE SIGNED (Mo/Day/Yr) February 01, 2019		22c. HOUR OF DEATH 13:15	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Roy Walch 1050 SR 322 Pioche, NV 89043		23b. LICENSE NUMBER		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 31, 2019	
24a. REGISTRAR (Signature) ANGELICA RAMIREZ		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 05, 2019		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		26. AUTOPSY (Specify Yes or No) No			
(a) Cardiopulmonary Arrest		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes			
(b) Advanced Age					
(c) Severe Dementia					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.					
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	



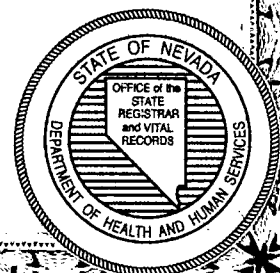
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: 1/4/2024

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

Cody Ramirez
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE