

APN No.: 001-341-22  
Escrow No.: 23-186984

**MAIL TAX STATEMENT TO AND  
WHEN RECORDED RETURN TO:**  
Rolf E. Bundy

LINCOLN COUNTY, NV      **2024-166662**  
\$37.00      Rec:\$37.00      **03/04/2024 04:34 PM**  
WFG NEVADA - RW      Pgs=3 AE  
**OFFICIAL RECORD**  
**AMY ELMER, RECORDER**

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA      } ss  
COUNTY OF Clark.

Rolf E. Bundy, of legal age, being duly sworn, deposes and says  
That Deceased the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as name on title named as one of the parties in that certain type of document dated 3/16/2005 executed by J & S Properties, LLC to Rolf E. Bundy and Teresa A. Bundy, as joint tenants, recorded 3/31/2005 in/as 124248, Official Records of Lincoln County, NEVADA, covering the following described property.

**See Attached Exhibit "A"**


Dated this 29 day of February, 2024

Rolf E Bundy  
Rolf E. Bundy  
Rolf E. Bundy

STATE OF NEVADA      } ss:  
COUNTY OF Clark.

This instrument was acknowledged before me on this 29 day of February, 2024  
by Rolf E. Bundy.

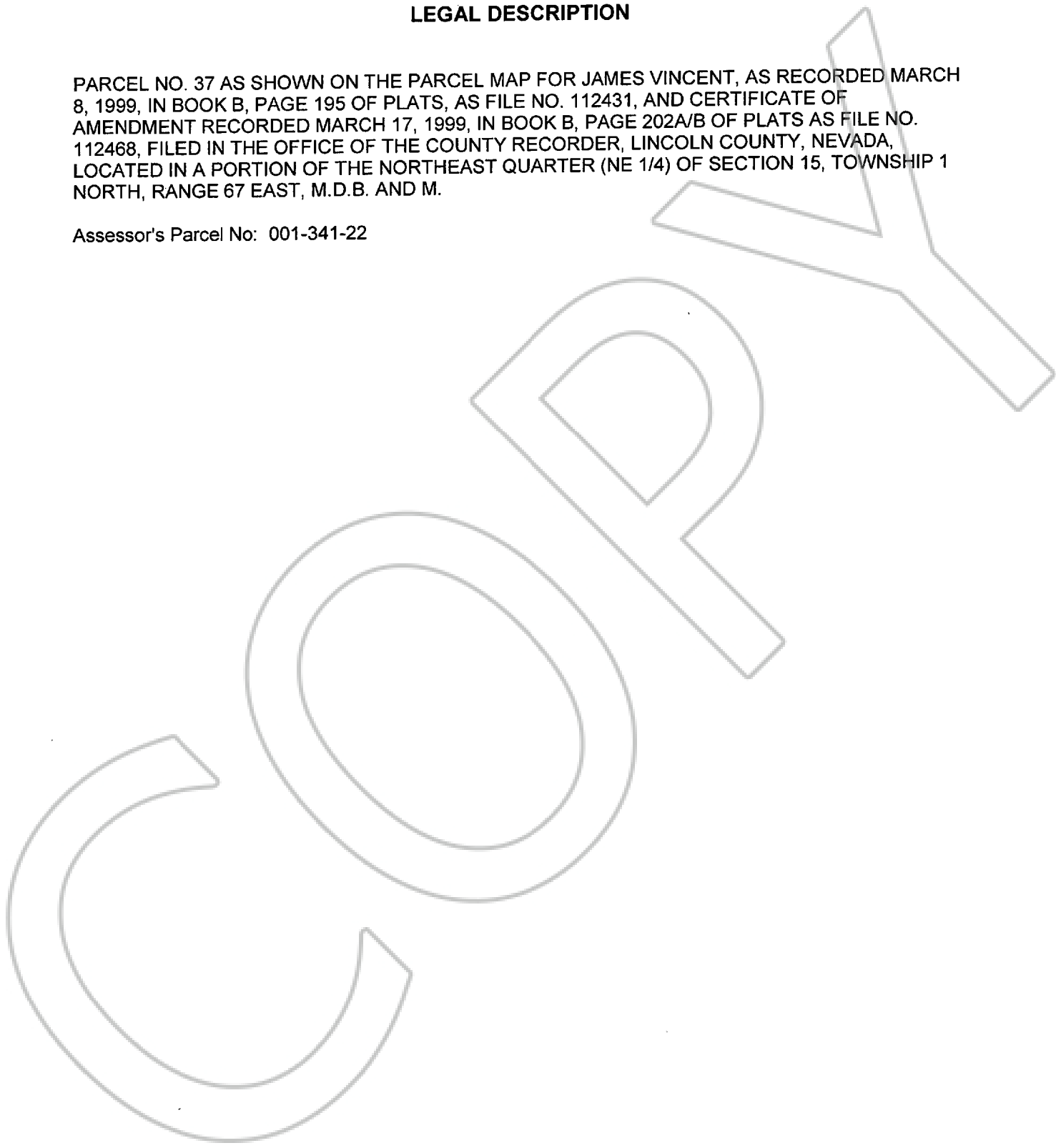
Melanie G Retter  
Notary Public for Nevada

 **MELANIE G. RETTER**  
NOTARY PUBLIC  
STATE OF NEVADA  
My Commission Expires: 04-22-27  
Certificate No: 99-59532-1

**EXHIBIT A  
LEGAL DESCRIPTION**

PARCEL NO. 37 AS SHOWN ON THE PARCEL MAP FOR JAMES VINCENT, AS RECORDED MARCH 8, 1999, IN BOOK B, PAGE 195 OF PLATS, AS FILE NO. 112431, AND CERTIFICATE OF AMENDMENT RECORDED MARCH 17, 1999, IN BOOK B, PAGE 202A/B OF PLATS AS FILE NO. 112468, FILED IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA, LOCATED IN A PORTION OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. AND M.

Assessor's Parcel No: 001-341-22



**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. 4387607

2023028174  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) <b>Teresa Ann BUNDY</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 21, 2023</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>North Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address and number) <b>North Vista Hospital Inc</b>		3e. If Hosp. or Inst. indicate SOA, OP/Emer. Rm. Inpatient (Specify) <b>Emergency Room / Outpatient</b>	
	4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) <b>58</b>		7b. UNDER 1 YEAR MOS - DAYS		7c. UNDER 1 DAY HOURS - MINS	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) <b>June 13, 1965</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>	
	10. EDUCATION <b>15</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Rolf BUNDY</b>	
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Teachers Aide</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15d. STREET AND NUMBER <b>963 Pearl Peak St</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles Vay SIMMONS</b>	
	17. MOTHER PARENT - NAME (First Middle Last Suffix) <b>Paula Ann ILES</b>		18a. INFORMANT- NAME (Type or Print) <b>Rolf BUNDY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>963 Pearl Peak St Las Vegas, Nevada 89110</b>	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Bunker's Memory Gardens</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89129</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MITCHELL AMOS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD30</b>		20c. NAME AND ADDRESS OF FACILITY <b>La Paloma Funeral Services</b> <b>5450 Stephanie Street Suite #110 Las Vegas NV 89122</b>	
PARENTS	TRADE CALL - NAME AND ADDRESS					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>SIGNATURE AUTHENTICATED</b> <b>ANDREW E MORRISON DO</b>					
	21b. DATE SIGNED (Mo/Day/Yr) <b>December 26, 2023</b>		21c. HOUR OF DEATH <b>11:00</b>		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
DISPOSITION	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) <b>Andrew E Morrison DO 1409 E Lake Mead Blvd North Las Vegas, NV 89030</b>	
	23b. LICENSE NUMBER <b>DO1644</b>		24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 27, 2023</b>	
	24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I			
	(a) <b>Cardiopulmonary Arrest</b>		Interval between onset and death			
(b) <b>Cardiovascular Collapse</b>		Interval between onset and death				
(c) <b>Undetermined Etiology</b>		Interval between onset and death				
(d)		Interval between onset and death				
TRADE CALL	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	
CERTIFIER	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					
	28d. DESCRIBE HOW INJURY OCCURRED					
REGISTRAR	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					
	28d. DESCRIBE HOW INJURY OCCURRED					
CAUSE OF DEATH	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					
	28d. DESCRIBE HOW INJURY OCCURRED					
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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					
	28d. DESCRIBE HOW INJURY OCCURRED					

"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.

SIGNATURE AUTHENTICATED  
Register of Vital Statistics  
By: *Susan Zannus*

DATE ISSUED: 1/3/2024

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

