LINCOLN COUNTY, NV
$37.00
Rec:$37.00
FIRST AMERICAN TITLE INSURANCE COMPANY
OFFICIAL RECORD
AMY ELMER, RECORDER

2024-166684
03/12/2024 02:59 PM
Pgs: 2 AK

A.P.N.: 006-041-26
File No: 13895-2672298 (DP)

When Recorded return to,
and mail Tax Statements to:
R. Terry Gale
5665 N Conquistador
Las Vegas, NV 89149

AFFIDAVIT - TERMINATING JOINT TENANCY

T. David Gale, of legal age, being first duly sworn, deposes and says:

That **Mary E. Gale**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Mary E. Gale** named as one of the parties in that certain **Joint Tenancy Deed** dated **June 21, 1978** executed by **Lloyd Howland and Phyllis Howland** to **T. David Gale and Mary E. Gale, son and mother** as joint tenants, recorded as Document No. **62091** on **June 26, 1978** in Book **25, page 602 and 603** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

The East half of the Southeast quarter (E1/2 SE1/4) of U. S. Government Lot Number Six (6) and the West half of the Southwest quarter (W1/2 SW1/4) of U. S. Government Lot Number Seven (7) all in Section 2, Township 4 North, Range 67 East, M.D.B. & M.

T. David Gale 3/12/24
T. David Gale
T. David Gale Date

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

This instrument was acknowledged before me on this:
March day of 12th, 2024

By: **T. David Gale**

Notary Public
(My commission expires: 5/18/2024)

D. PRESLEY-CUARON
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-18-2024
Certificate No: 12-7909-1

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4249798

CERTIFICATE OF DEATH

2021029185
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)			2. DATE OF DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH
Mary Elizabeth	GALE		November 18, 2021	Clark

3b. CITY, TOWN, OR LOCATION OF DEATH	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)	3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	4. SEX
Las Vegas	Nathan Adelson Hospice NW	Hospice Facility (HFS)	Female

5. RACE (Specify)	6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years)	7b. UNDER 1 YEAR MOS / DAYS	7c. UNDER 1 DAY HOURS / MINS	8. DATE OF BIRTH (Mo/Day/Yr)
White	No - Non-Hispanic	83			October 15, 1938

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not US/CA, name country)	9b. CITIZEN OF WHAT COUNTRY	10.EDUCATION	11. MARITAL STATUS (Specify)	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)
Nevada	United States	12	Married	Roy Terrance GALE

13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of	14b. KIND OF BUSINESS OR INDUSTRY	Ever in US Armed Forces?
[redacted]	HOMEMAKER	OWN HOME	No

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR LOCATION	15d. STREET AND NUMBER	15e. INSIDE CITY LIMITS (Specify Yes or No)
Nevada	Clark	Las Vegas	5665 North Conquistador Street	No

PARENTS

16. FATHER/PARENT - NAME (First Middle Last Suffix)	17. MOTHER/PARENT - NAME (First Middle Last Suffix)
Raymond FURBEE	Geneva Laura CONNER

18a. INFORMANT- NAME (Type or Print)	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)
Roy Terrance GALE	5665 North Conquistador Street Las Vegas, Nevada 89149

Cremation

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	19b. CEMETERY OR CREMATORY - NAME	19c. LOCATION City or Town State
Cremation	Palm Crematory	Las Vegas Nevada 89101

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)	20b. FUNERAL DIRECTOR LICENSE NUMBER	20c. NAME AND ADDRESS OF FACILITY
SHANNON NORDYKE SIGNATURE AUTHENTICATED	FD888	Palm Mortuary-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.(Signature & Title) **SIGNATURE AUTHENTICATED** **MELISSA S MCLAIN APRN**

21b. DATE SIGNED (Mo/Day/Yr)	21c. HOUR OF DEATH
November 21, 2021	18:30

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To Be Completed by CORONER'S OFFICE

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)

22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
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)	23b. LICENSE NUMBER
Melissa S McLain APRN 3150 N Tenaya Las Vegas, NV 89128	APRN811868

REGISTRAR

24a. REGISTRAR (Signature)	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)	24c. DEATH DUE TO COMMUNICABLE DISEASE
NANCY BARRY SIGNATURE AUTHENTICATED	November 23, 2021	YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	Interval between onset and death
PART I (a) Acute Hypoxic Respiratory Failure	
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(b) Pulmonary Fibrosis	
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(c)	
DUE TO, OR AS A CONSEQUENCE OF:	Interval between onset and death
(d)	

PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.	26. AUTOPSY (Specify Yes or No)	27. WAS CASE REFERRED TO CORONER (Specify Yes or No)
	No	No

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

"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
Registrar of Vital Statistics
By: Susan Zannis

DATE ISSUED: 11/24/2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE