

LINCOLN COUNTY, NV      **2024-166717**  
\$37.00  
Rec:\$37.00      **03/21/2024 03:02 PM**  
FIRST AMERICAN TITLE INSURANCE COMPANY      RY-4 AK  
**OFFICIAL RECORD**  
AMY ELMER, RECORDER

A.P.N.:      004-141-17  
File No:      13895-2671438 (DP)

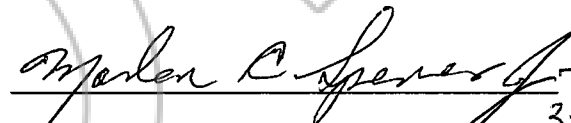
When Recorded return to, and mail Tax Statements to:  
Marden C. Spencer Jr


### **AFFIDAVIT - TERMINATING JOINT TENANCY**

**Marden C. Spencer, Jr and Mickel O. Spencer**, of legal age, being first duly sworn, deposes and says:

That **Marden C. Spencer and Ellen Spencer**, the decedents mentioned in the attached certified copy of Certificate of Deaths are the same persons as **Marden C. Spencer and Ellen Spencer** named as two of the parties in that certain **Grant, Bargain, Sale Deed** dated **10/15/1976** executed by **Charles M. Brown, Carma Brown and Floyd Lamb** to **Marden C. Spencer and Ellen Spencer, husband and wife, and Marden C. Spencer, Jr, a single man and Mickel O. Spencer, a single man, all** as joint tenants, recorded as Document No. **58732** on **12/12/1976** in Book **18** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

**Parcel 3B of the Subsequent Parcel Map for Marsha Leason, Marden C, Marden C. Jr., Ellen and Mickel O. Spencer and Clyde R. & Inez Fay Mac Elrath, recorded on July 07, 2009 in Book C, Pages 476-478 of the Lincoln County Records as File No. 133948.**

  
Marden C. Spencer, Jr      Date **3-15-2024**  
MARDEN

  
Mickel O. Spencer      Date **3 15 2024**

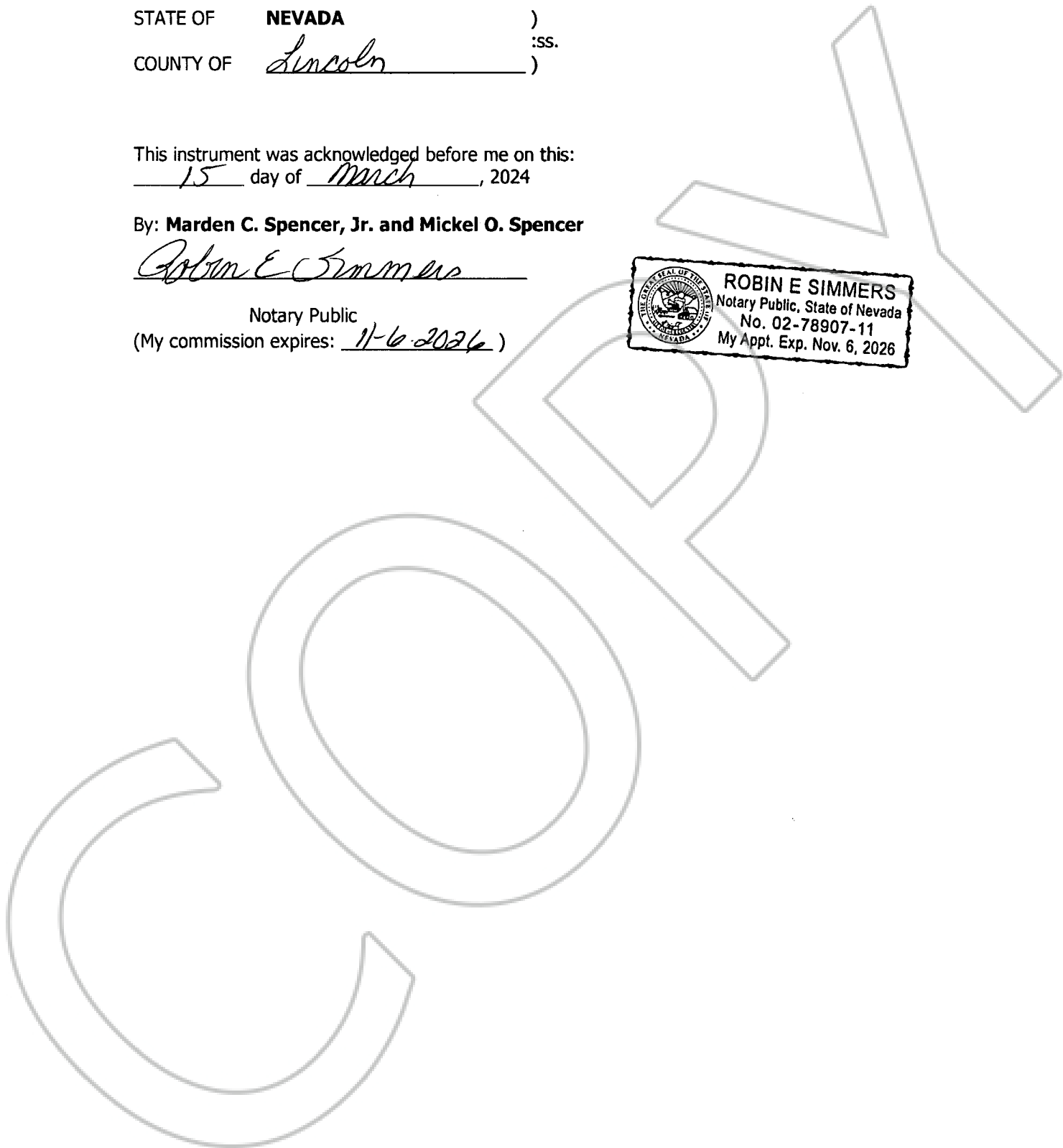
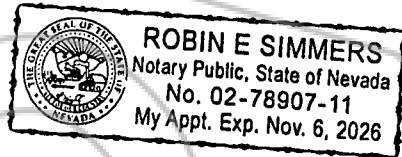
STATE OF **NEVADA** )  
COUNTY OF Lincoln ) :ss.

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

By: **Marden C. Spencer, Jr. and Mickel O. Spencer**

Robin E Simmers

Notary Public  
(My commission expires: 11-6-2026)



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2010006183

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  
STARTING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Marden Carling SPENCER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 31, 2010</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>373 Main Street</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>80</b>	
5. RACE <b>White (Specify)</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>July 26, 1929</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Arizona</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>8</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE OR DOMESTIC PARTNER <b>Ellen BRONSON</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Farmer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
15d. STREET AND NUMBER <b>373 Main Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Isaac Carling SPENCER</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Sylvia ALLRED</b>		
18a. INFORMANT- NAME (Type or Print) <b>Jane BUSH</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 899 Overton, Nevada 89040</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Alamo Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BRIAN REBMAN</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>49</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary</b> <b>5090 N Moapa Valley Blvd Logandale NV 89021</b>	
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]</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) <b>DEREK FOREMASTER</b> <i>SIGNATURE AUTHENTICATED</i>			
21b. DATE SIGNED (Mo/Day/Yr) <b>April 30, 2010</b>		21c. HOUR OF DEATH <b>20:00</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>April 30, 2010</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>[REDACTED]</b>		22c. HOUR OF DEATH <b>20:00</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>March 31, 2010</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>20:00</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Derek Foremaster 1050 SR 322 Pioche, NV 89043</b>			
23b. LICENSE NUMBER					
24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 30, 2010</b>		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				Interval between onset and death	
(a) <b>Leukemia</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Infection in bowls due to low white cell count</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>[REDACTED]</b>					
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) <b>[REDACTED]</b>					
PART II				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	

STATE REGISTRAR

### 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:

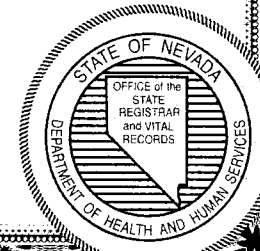
**MAY 11 2010**

*[Signature]*  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20090602



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

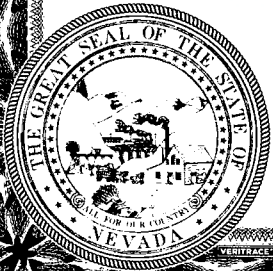
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**VITAL STATISTICS**

CASE FILE NO. 4386310

**CERTIFICATE OF DEATH**

20230 27748  
STATE FILE NUMBER

<b>TYPE OR PRINT IN PERMANENT BLACK INK</b>	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Ellen SPENCER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 12, 2023</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>373 Main Street</b>		3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
<b>DECEDENT</b>	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>89</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>DAYS</b>		7d. UNDER 1 HOUR <b>HOURS</b>	
<b>IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS</b>	9a. STATE OF BIRTH (If not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>UNITED STATES</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>February 12, 1934</b>			
<b>PARENTS</b>	13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Homemaker</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
<b>DISPOSITION</b>	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Claude Tracy BRONSON</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Thelma Ellen EDWARDS</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Samuel Lynn SPENCER</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>Po Box 241 Alamo, Nevada 89001</b>			
<b>TRADE CALL</b>	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Alamo Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada 89001</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BRIAN REBMAN</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD49</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary</b> <b>5090 N Moapa Valley Blvd Logandale NV 89021</b>	
<b>CERTIFIER</b>	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>TROY PAUL BERTOLI MD</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)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>December 20, 2023</b>		21c. HOUR OF DEATH <b>23:50</b>		22b. DATE SIGNED (Mo/Day/Yr)	
<b>REGISTRAR</b>	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Troy Paul Bertoli MD 3039 W Horizon Ridge Pkwy Henderson, NV 89005</b>		23b. LICENSE NUMBER <b>12412</b>			
<b>CAUSE OF DEATH</b>	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 20, 2023</b>		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		Interval between onset and death			
<b>CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST</b>	(a) <b>Cardio Pulmonary Failure</b>		Minutes			
	(b) <b>Electrolyte Disturbance</b>		Days			
	(c) <b>Not Eating / Anorexia</b>		Weeks			
	(d) <b>Partial Pyloric Valve Obstruction And Esophageal Varicies</b>		Months			
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) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</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						



CERTIFIED COPY OF VITAL RECORDS

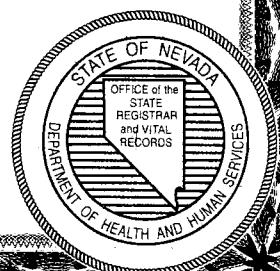
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

*Cody D. Hinney*

DATE ISSUED: **12/26/2023**

STATE REGISTRAR

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE