

LINCOLN COUNTY, NV

2024-166827

Rec:\$37.00

Total:\$37.00

05/01/2024 04:22 PM

PAHRANAGAT VALLEY FCU

Pgs=3 KG



00013957202401668270030038

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 004-041-38

When Recorded return to, and mail Tax Statements to:
Thelma Mable Laird
P.O. Box 365
Alamo, NV 89001

AFFIDAVIT - TERMINATING JOINT TENANCY

Thelma Mable Laird, of legal age, being first duly sworn, deposes and says:

That **Fred H. Laird**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Fred H. Laird** named as one of the parties in that certain **Joint Tenancy Deed** dated **07/19/1971** executed by **Daniel S. Stewart and Enid S. Stewart** to **Fred H. Laird and Thelma Mable Laird** as joint tenants, recorded as Document No. **50625** on **08/04/1971** in Book **2**, page **258-259** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

Commencing at the southwest corner of the NE1/4 of the SW1/4 of Section 5, Township 7 South, Range 61 East MDB&M, thence running due east along the south line of said NE1/4 of SW1/4 a distance of 910 ft. more or less to the west line of Main Street at the northeast corner of Lot 1, Block 46, Alamo Townsite on file in the office of the County Recorder of said Lincoln County; running thence North 1 degree 23' West along the west side of said Main Street and the projection thereof a distance of 340 ft. to the true point of beginning; thence South 88 degrees 37' West a distance of 100 ft., thence North 1 degree 23' West a distance of 100 ft., thence South 88 degrees 37' West a distance of 25 ft., thence South 1 degree 23' East a distance of 158 ft. more or less to the center line of the Alamo Irrigation Company Canal, thence along the center line of said Canal in a northeasterly direction to a point in the west line of said Main Street, thence North 1 degree 23' West along the west line of said Main Street and the projection thereof a distance of 8 ft. more or less to the point of beginning. Subject to all easements and rights of way of record.

Thelma M. Laird
Thelma Mable Laird Date

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

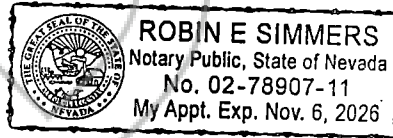
This instrument was acknowledged before me on this: 18 day of April, 2024

By: **Thelma Mable Laird**

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 PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4365038

CERTIFICATE OF DEATH

2023018292
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) Fred H LAIRD		2. DATE OF DEATH (Mo/Day/Year) August 14, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address and number) 167 North Main Street		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) 90	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) January 16, 1933	
9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Thelma Mabel THOMAS			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) TEACHER		14b. KIND OF BUSINESS OR INDUSTRY Lincoln County	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 167 North Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Fred Hunter LAIRD			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Sarah Ellen HOWES		
18a. INFORMANT- NAME (Type or Print) Thelma Mabel LAIRD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 365 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Brigham City Utah		19c. LOCATION City or Town State Brigham City Utah 84302	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV, 89008	
TRADE CALL - NAME AND ADDRESS: Southern Nevada Mortuary 730 Front Street Caliente NV 89008					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TROY PAUL BERTOLI MD SIGNATURE AUTHENTICATED		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) August 16, 2023		21c. HOUR OF DEATH 18:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Troy Paul Bertoli MD 3039 W Horizon Ridge Pkwy Henderson, NV 89005				23b. LICENSE NUMBER 12412	
24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 22, 2023		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					
(a) Cardio Pulmonary Failure				Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unknown Malignant Melanoma With Mets To Lung, Scapula, And Lumbar Spine				Interval between onset and death Months	
DUE TO, OR AS A CONSEQUENCE OF:					
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension, Type 2 Diabetes				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or 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	



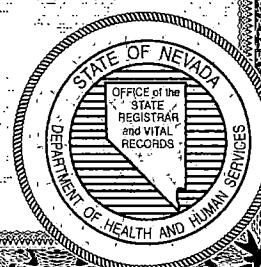
CERTIFIED COPY OF VITAL RECORDS

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: **8/29/2023**

Cody Thibault
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