LINCOLN COUNTY, NV

\$37.00

Rec:\$37.00

2024-167180

06/20/2024 04:49 PM

FIRST AMERICAN TITLE INSURANCE COMP.Rys=2 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.:

004-151-09

File No:

13895-2666948 (DP)

When Recorded return to, and mail Tax Statements to: Cheryl A. Millard-Nutt

kO2276xSxWxPicksXWax15250 SW Village Ln RortingCxXRx97XXX Beaverton, OR 97007

## **AFFIDAVIT - TERMINATING JOINT TENANCY**

Cheryl A. Millard-Nutt, of legal age, being first duly sworn, deposes and says:

That **Patrick M. Nutt**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Patrick M. Nutt** named as one of the parties in that certain **Grant**, **Bargain and Sale Deed** dated **12/22/2005** executed by **Gerald H. Wilson and Mary S. Wilson** to **Patrick M. Nutt and Cheryl A. Nutt, husband and wife** as joint tenants, recorded as Document No. **125875** on **01/31/2006** in Book **211** of Official Records of **Lincoln** County, **Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada**:

THE NORTH HALF (N 1/2) OF THE NORTHWEST QUARTER (NW 1/4) OF THE NORTHWEST QUARTER (NW 1/4) OF THE SOUTHWEST QUARTER (SW 1/4) OF SECTION 5, TOWNSHIP 7 SOUTH, RAGE 61 EAST, M.D.B. AND M., LINCOLN COUNTY, NEVADA.

		Cheryl A Millan	d-Nutt 06/14/2024
		Cheryl A. Millard-Nutt	Date
STATE OF	Nevada	) / / '	
COUNTY OF	CLARK	iss.	
This instrume	nt was acknowledged befo day ofJune	re me on this: , 2024	
Du Chand A		SAL OF A	Onjelle Renee Washington
	. Millard-Nutt		NOTARY PUBLIC
Unit	Elle R. Washington		STATE OF NEVADA
			Appt. No. 21-5110-01
No.	Notany Public	ETADA	Expires June 22, 2025

06/22/2025

(My commission expires:

## STATE OF OREGON

CERTIFICATION OF VITAL RECORD

663929

## OREGON HEALTH AUTHORITY CENTER FOR HEALTH STATISTICS

		I.D. TAG NO.		Ü	EKHILICA	IE OF D	EAIH			STATE FILE NUMBER			
Ì		Legal Name First Patrick	Middle Mich		Last Nutt			Suffix	2.	Death Date April 22, 2013			
		3. Sex 4. A Male	9e 49 years	5. Social S	ecurity Number				nty of Death				
		7. Birthdate November 26, 1963	8. Birthplace Portland,	Orogon				9. Dece	dent's Edu	cation			
4299688" FUNERAL FACILITY	Ē	10. Was Decedent of Hispanic Orig			. Decedent's Ra	ce(s)		Dak	12. Was [	Decedent Ever in Armed Forces? NO			
	3	No 13. Residence: Number and Stre	et		White_	-	14. City/Town		0.5.7	umed Forces? 140			
	ζAL	10276 SW Picks Way 15. Residence County		te or Foreig	n Country	17	Tigard 7. Zip Code + 4	_	18.	Inside City Limits?			
		Washington  19. Marital Status at Time of Deat			use's Name Prio		97224 age			Yes			
		Married 21. Usual Occupation		Che	eryl Millard-I	<u>Vutt</u>	22. Kind of Busines	s/Industr	,				
	7	Disabled 23. Father's Name			-		Disabled or's Name Prior to Fin	st Marriag	e				
	1	Lawrence Nutt 25. Informant's Name Cheryl Millard-Nutt	26. Tele	phone Numb	er 27. Relation		Marie Raouse lent 28. Mailing Add 10276 SW	dress		<u> </u>			
	Š	29. Place of Death		vailable	Spouse 30. Facility Na		10276 SW	Picks V	Vay, Tiga	ard, OR 97224			
	¥	Decedent's Residence - 31. Location of Death	Hospice	$-\leftarrow$	32. City/Tow	n or Location	of Death	33. Stat	e 34.	Zip Code + 4			
	2 [	10276 SW Picks Way 35. Method of Disposition	36. Place o	( Disposition	Tigard	<u> </u>		Orego 37. Loc	ri	97224			
		Cremation 38. Name and Complete Address of	Cascad		tion Center	1			tin, Oreg	jon			
		Crown Memorial Center, 39. Date of Disposition	Cremation &	Burial - 1	Fualatin 89	70 SW Tu	W. 11.30	44 00	, Tualati License No	n, Oregon 97062			
		TBD			ara S Tjadei		Electronically Signed	1,07	-0527				
	ļ	12. Registrar's Signature	KY	The Real Property lies, the Persons Lies, the Pe	43	Date Receiv	3°0 2013		44. Local	- 1091			
	ľ	15. Amendment	33		The same of the sa	-							
		16. Was case referred to Medical E	raminer? 47	. Autopsy?	148 We	ne autoney fin	dings available to con	nolete the	cause of	49. Time of Death			
		☐ Yes Ø No		☐ Yes 🔽	No dea		□ No	1		li 🗠			
	٤	<ol> <li>Enter the chain of events - dise such as cardiac arrest, respirat</li> </ol>			s - that directly o	aused the dea			AL EVENT	S Approximate Interv Onset to Death			
	ľ	Final disease or condition	IMMEDIATE CAL	JSE ↓	tuuor	ang and conse	9). 00 110 17 100 12		/	Criser at Death			
ER	9	resulting in death-> Sequentially list conditions, if any, eading to the cause listed on line a.	Due to (or as a cons			$\overline{}$							
	E	ENTER THE UNDERLYING CAUSE LAST (disease or injury	Due to (or as a cons	sequence of)	+	1							
CER	tf	nat initiated the events resulting in eath).	Due to (or as a cons	equence of)	1								
ζV	5	Other significant conditions corr	nibuting to death,	but not resu	tting in the under	tying cause g	iven above:			1			
MEDICAL CERTIFI	53	2. Manner of Death	53. If Female			<del>/                                    </del>				coo use contribute to death?			
BÝR			☐ Not pregnant witl ☐ Pregnant at five ☐ Not pregnant, but	of death	☐ Unionaum M	oragnant within t	43 days to 1 year before the past year	death	□Yes Z≾No	☐ Probably ☐ Unknown			
ED	55						construction site, restaur	ant, woode	d area) 5	8. Injury at Work?			
PLE.	59	59. Location of Injury (Number & Street or RFD No., City/Town, State, Zip + 4)											
COMPLETED BY	60	50. Describe how injury occurred 61. If transportation injury, specify.											
BE 0	_		h					☐ Other (		☐ Passenger ☐ Pedestrian			
10		2. Name and Address of Certifier ( Stacy K. Lewis M	D 9135 8	w Bun	us Road 1	* 261	Portland, OR	9722	5				
		53. Name and Title of Attending Physician if Other than Certifier											
	64	54. Title of Certifier M.D.			65. License Number MD21052			66. Date Signed (MON DO 1777) APR 25, 2013					
	67	. Medical Certifier - To the best of m	y ignowledge, death o	ccurred at the	time, date, and	68. Medical		is of exami	nation, and/or	r investigation, in my opinion, de			
	<b>▶</b>	place, and due to the cause(s) and mu	n			<b>&gt;</b>							
The Local Division in which the Party of the	-	X/	/										
	_							•		45-2DP (01/0			

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE OR THE VITAL RECORD FACTS ON FILE IN THE OREGON CENTER FOR HEALTH STATISTICS OR A DELEGATED LOCAL OFFICE.

APR 3 0 2013

Jennifer A. Woodnank JENNIFERA. WOODWARD, Ph.D. STATE REGISTRAR

DATE ISSUED: \_\_\_\_\_

THIS COPY IS NOT VALID WITHOUT INTAGLIO STATE SEAL AND BORDER.

