A.P.N.:

001-240-16 and 001-240-17 and 001-

File No:

240-30 and 001-240-35 and 001-240-

36

13896-2675320 (TV)

When Recorded, Mail Tax Statements To: Gloria Cutcher 6300 Lorille Ln LV NV 89108 LINCOLN COUNTY, NV

\$37.00

2024-167191

Rec:\$37.00

06/25/2024 12:22 PM

FIRST AMERICAN TITLE INSURANCE COMPANIES AK

OFFICIAL RECORD

AMY ELMER, RECORDER

STATE OF	Nevada)
COUNTY OF	Clark) ss)

AFFIDAVIT TERMINATING COMMUNITY PROPERTY WITH RIGHTS OF SURVIVORSHIP

Gloria Cutcher, of legal age, and being first duly sworn, deposes and says:

THAT: David Cutcher, the decedent mentioned in the attached certified copy of Certificate of Death, is one-and-the-same person as David Cutcher, named as one of the parties in that certain "Grant, Bargain, Sale Deed" dated 1/17/2020 (001-240-35) / 1/17/2020 (001-240-16, 001-240-17, 001-240-30, 001-240-36), executed by Tom R Arnhart and Cynthia L Flavion-Arnhart (001-240-35) / Marjorie Anna Bleam (001-240-16, 001-240-17, 001-240-30, 001-240-36), to David Cutcher and Gloria Cutcher, husband and wife as community property with right of survivorship, recorded in 2020-158017 (001-240-35) / 2020-158005 (001-240-16, 001-240-17, 001-240-30, 001-240-36), of Official Records of Lincoln County, Nevada, covering the following described real property situated in the County of Lincoln, State of Nevada:

See Exhibit "A" attached hereto and made a part hereof by this reference.

DATED this	day of	JUD	e		
2024.	\ \		\ \		
DECLARANT					
Claris	Cutcher				
Gloria Cutcher					
STATE OF	NEVADA)			
COUNTY OF	Clark	:ss.)	2		
This instrument	t was acknowledged before	me on	une	25th, 2024	by
Ande	alleng				
(My commissio	Notary Public 0 n expires: 11-28-2024	_)		LYDIA HENLEY Notary Public State of Nevada Appt. No. 15-3019-1 My Appt. Expires November 28,	2026
				wy wpt. Expires November 20,	, 2020

EXHIBIT "A"

Parcel 1:

Lots 3 and 4 as shown on Parcel Map for Patricia (Blanchard) Vegas, filed in the Office of the County Recorder of Lincoln County on October 2, 1990 in Book A, Page 321 of Plats, as File No. 095123, located in a portion of the SE 1/4 NE 1/4 of Section 14, Township 1 North, Range 67 East, M.D.B.&M.

Parcel 2:

A portion of the West One-Half (W 1/2) of the Southeast Quarter (SE 1/4) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section 14, Township 1 North, Range 67 East, MDB&M., Lincoln County, Nevada, and more particularly described as follows:

Beginning at the Southeast Corner (SE cor.) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of said Section 14 and running thence South 89° 07' 54" West, along the South line of said Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section 14 a distance of 454.79 feet to the true Point of Beginning, thence continuing on the same course a distance of 175.38 feet; thence running North 0° 05' East, a distance of 364.06 feet; thence running at a right angle North 80° 07' 54" East, a distance of 295 feet; thence running Southwesterly a distance of 385.33 feet more or less to the true Point of Beginning.

Also known as Parcel 3D on that Parcel Map recorded in Book A1 of Plats at Page 423 Lincoln County, Nevada, Records.

Parcel 3:

A portion of the South Half (S 1/2) of the Southeast Quarter (SE 1/4) of the Northeast Quarter (NE 1/4) of Section 14, Township 1 North, Range 67 East, M.D.B.&M., and more particularly described as follows:

Parcels 1 and 2 of that certain Parcel Map recorded May 27, 1997 in the Office of the County Recorder of Lincoln County, Nevada in Book B of Plats, Page 39 as File No. 109019, Lincoln County, Nevada Records.

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

CASE FILE NO. 4378455

CERTIFICATE OF DEATH

2023023919

TYPE OR											
PRINT IN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH								ATH		
PERMANENT BLACK INK	David Eugene CUTCHER						October 29, 2023 Clark				
	3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(II not either, give street an 3b.II Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4. SEX							4. SEX			
DECEDENT	Las Vegas			n Adelson Hos			` Hośpie	e Facility		Male	
	5. RACE (Specify) White		6. Hispanic Origin? Specify 7a. AGE-Las No - Non-Hispanic (Years)		(Years)	75 MOS	DAYS HOURS	MINS	May 29,	1948	
IF DEATH OCCURRED IN		Da. STATE OF BIRTH (If not US/CA, 9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARITAL ST. Marital ST.			STATUS (Specify) Married	12. SURVIVING SP	ouse's NAME (Lest name prior to fir IN PHILLIPS	st marriage)		
INSTITUTION SEE HANDBOOK	name country) Michigar 13. SOCIAL SECURITY NUMBE		UNITED STATES 12 USUAL OCCUPATION (Give Kind of Work Done During Most of			st of 14h KIN	14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed				
REGARDING COMPLETION OF RESIDENCE		Owner					Flooring Forces? No				
ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	15c, C	ITY, TOWN OR LO		d. STREET AND			15e. II LIMIT	NSIDE CITY S (Specify Yes	
	Nevada	Clark		Las Vega		300 Lorille			or No)	Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suff mes Odell CUT			17. MOT	HER/PARENT - N	AME (First Middle Eva CLYI		7%		
	18a. INFORMANT- NAME (Type	or Print)	, 1	18b. MAILING ADDI	RESS (Street	t or R.F.D. No, Cit	ty or Town, State, Zi			()	
	🔑 Gloria Jea					Corille Lane	Las Vegas, Ne				
ISPOSITION	19a. BURIAL, CREMATION, REM Cremati		y) 19b. CEME1		ory - NAME m Cremator	ry 🎵	19c. LC	Las Veg	City or Town S Jas Nevada 8	9101	
	20a, FUNERAL DIRECTOR - SIG		cting as Such)			c. NAME AND AD	DRESS OF FACILI				
		/L L JONES ure authenticat	ED	LICENSE NUMI FD98		8544 W	Neptu Lake Mead Bou	ine Society levard Las	•	39128	
RADE CALL	TRADE CALL - NAME AND ADD				_	V)			-9		
	> 21a. To the best of my kno	owledge, death occurred	at the time, da	te and place and du			mination and/or invest			rred	
	ວ່າ to the cause(s) stated.(Sig		SIGNATURE A	AUTHENTICATE	D P G at the	time, date and plac	ce and due to the caus	se(s) stated. (S	Signature & Title)		
CERTIFIER	21b. DATE SIGNED (Mo	Day/Yr) 21c.	HOUR OF DE		Completed NER'S OFFI	DATE SIGNED ((Mo/Day/Yr)	22c. HO	OUR OF DEATH		
<i>'</i>	November 02, 20	All All Annual Control		:25		PRONOLINCED	DEAD (Mo/Day/Yr)	22e. PR	ONOUNCED DE	AD AT (Hour)	
	은뿘 (Type or Print)	/		7	p ö		The second				
		certifier (PHYSICIA) ne S Daras APRN			Or Las Vega	s, NV 89119			LICENSE NUMB APRN837	7580	
REGISTRAR	24a. REGISTRAR (Signature)	NANC' signature a	Y BARRY		(1 4 - (D - , A/-)	CEIVED BY REGI November 03		DEATH DUE YES	TO COMMUNICA	ABLE DISEASE	
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE		NE FOR (a), (b), AN	ID (c).)			į li	nterval between o	nset and death	
DEATH		kins Lymphon					<u> </u>		 		
CONDITIONS IF	DUE TO, OR AS (b) Unknown	s a consequence o Etiology)F:]]			1	nterval between o	nset and death	
ANY WHICH GAVE RISE TO IMMEDIATE CAUSE		S A CONSEQUENCE C	F:		/ /			lı	nterval between o	enset and death	
STATING THE >	(c) DUE TO, OR A	S A CONSEQUENCE O	ıF:						nterval between o	onset and death	
CAUSE LAST	(d)	The same of the sa	-					i			
/ /	PART II OTHER SIGNIFICANT Colon Cancer	CONDITIONS-Condition	ns contributing t	to death but not res	itting in the unde	erlying cause give		26, AUTOPS (Specify Yes	or No) 27. WAS REFERRI (Specify	CASE DE CORONER SES OF NO. NO.	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (M	to/Day/Yr)	28c. HOUR OF INJU	RY 28d, DESC	CRIBE HOW INJURY					
	28e. INJURY AT WORK (Specify Yes or No)	28f. PLACE OF INJUR building, etc. (Specify)		rm, street, factory, c	ffice 28g. LO	CATION ST	REET OR R.F.D. N	o. CITY C	OR TOWN	STATE	
. N								j		-	



"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.

Registray of Vital Statistics SIGNATURE AUTHENTICATED

DATE ISSUED: 11/7/2023

E ISSUED: 11/7/2023 By: Susan 3annus
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

