

After recording, please return to: )  
Name: Derek Foremaster )  
Address: PO Box 312 )  
City, State, Zip: Alamo NV 89001 )  
Phone: (702) 376-2697 )  
Assessor's )  
Parcel Number 4-031-01 )



---Above This Line Reserved For Official Use Only---

**AFFIDAVIT TERMINATING JOINT TENANCY**  
Pursuant to NRS 40.525(5) and NRS 111.365

Derek Foremaster, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Derek Foremaster, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on 10-17-2008, as Document No. 0132830, in Book 245, Page(s) 0402, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 150 Al. Purple Sage Ave Alamo NV 89001 and described as follows:  
L.C. Parcel # 4-031-01.  
See attachment "A".

4. Estelle Foremaster, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.

5. The Decedent was my mother.

6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me Derek Foremaster & Therol Foremaster, as sole owner. <sup>187.</sup>  
joint tenants.

DATED this 15<sup>th</sup> day of July, 2021.

Derek Foremaster  
Affiant  
Derek Foremaster

State of Nevada)  
County of Lincoln)

Subscribed and Sworn to before me on this 15<sup>th</sup> day of July, 2021 by Derek Foremaster.

Utthcard  
Notary Public



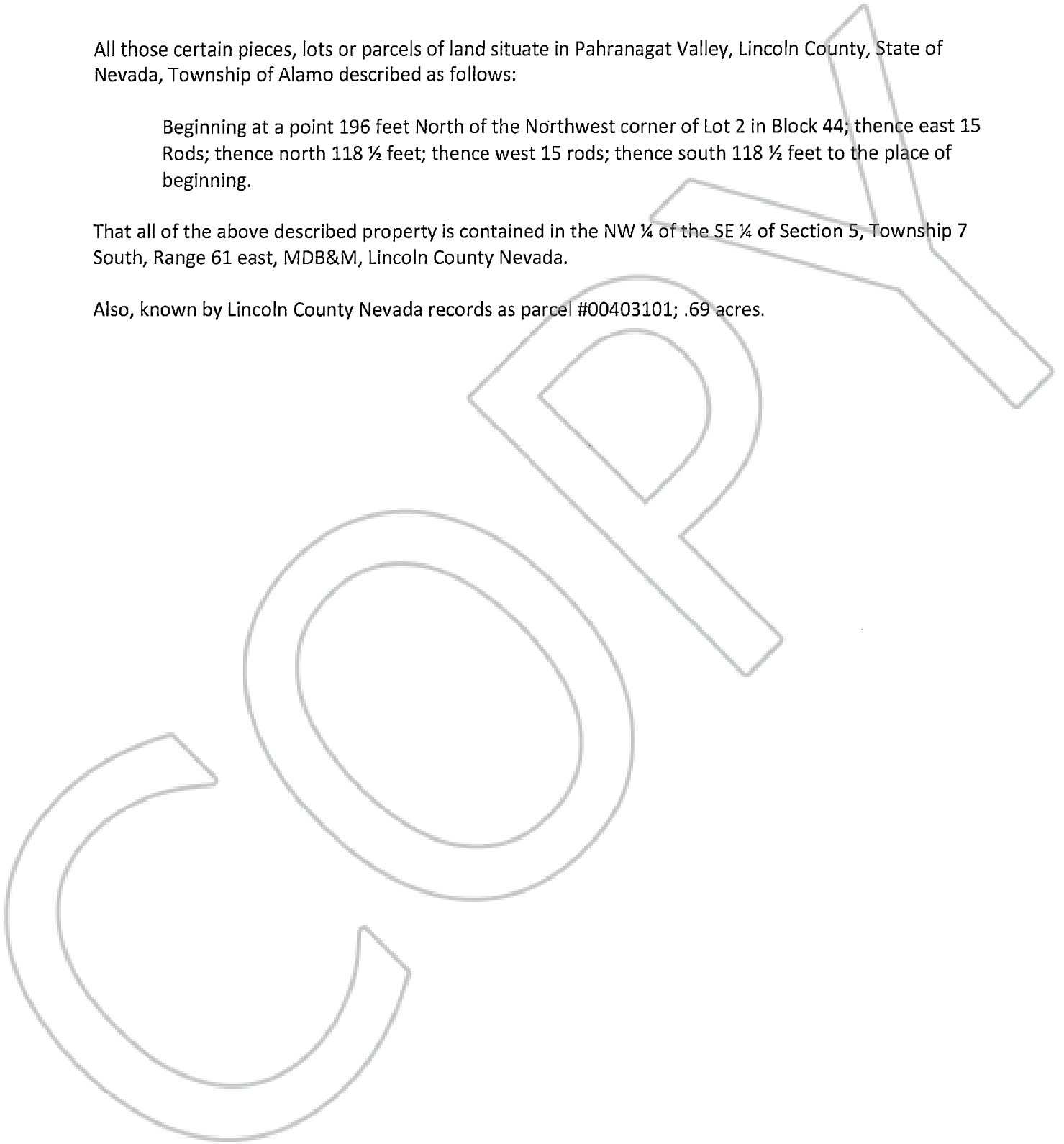
## Attachment "A"

All those certain pieces, lots or parcels of land situate in Pahrangat Valley, Lincoln County, State of Nevada, Township of Alamo described as follows:

Beginning at a point 196 feet North of the Northwest corner of Lot 2 in Block 44; thence east 15 Rods; thence north 118 ½ feet; thence west 15 rods; thence south 118 ½ feet to the place of beginning.

That all of the above described property is contained in the NW ¼ of the SE ¼ of Section 5, Township 7 South, Range 61 east, MDB&M, Lincoln County Nevada.

Also, known by Lincoln County Nevada records as parcel #00403101; .69 acres.



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

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

CASE FILE NO. 3636219

**CERTIFICATE OF DEATH**

2012000986  
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) Estelle FOREMASTER		2. DATE OF DEATH (Mo/Day/Year) January 23, 2012		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 920 N. Sloan Ln Apt. D-103		3e. If Hosp. or Inst. indicate DOA, OP/Emer, Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No Non-Hispanic		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 01, 1940		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 920 N. Sloan Ln Apt. D-103		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Taylor Fay STEWART			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Winona LAMOREAUX		
18a. INFORMANT- NAME (Type or Print) Therol FOREMASTER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 150 Purple Sage P.O. Box 345 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada 89001	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MITCHELL AMOS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 30		20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122	
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) SIGNATURE AUTHENTICATED WARREN WHEELER MD		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) January 24, 2012		21c. HOUR OF DEATH 07:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Warren Wheeler MD, 4141 Swenson Street Las Vegas, NV 89119			
23b. LICENSE NUMBER 11795		24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 25, 2012		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) Metastatic melanoma					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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: 7/2/2024

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

*Cody D. Perry*  
STATE REGISTRAR

