

LINCOLN COUNTY, NV

2024-167421

\$37.00

Rec:\$37.00

09/12/2024 12:49 PM

FIRST AMERICAN TITLE INSURANCE COMPANY 3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 003-121-44
File No: 13896-2677627 (TV)

When Recorded return to, and mail Tax Statements to:
Janice L Erdo

P.O. Box 935
Caliente NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Janice L Erdo, of legal age, being first duly sworn, deposes and says:

That **William Joseph Erdo**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **William J Erdo** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **8/7/13** executed by **Janice L Erdo and William J Erdo to Janice L Erdo and William J Erdo** as joint tenants, recorded as Document No. **0143862** on **8/21/13** in Book **281** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

A parcel of land lying within the Northwest Quarter of the Southeast Quarter (NW 1/4 of SE 1/4) of Section 7, Township 4 South, Range 67 East, of the Mount Diablo Base and Meridian, Lincoln County, Nevada, described as follows:

Parcel "O" as shown by map thereof recorded September 22, 2000 as Doc. No. 115285 and on file in Plat Book B, Page 338, in the Office of the County Recorder of Lincoln County, Nevada.

Janice L Erdo 09.11.2024
Janice L Erdo Date

Janice L. Erdo

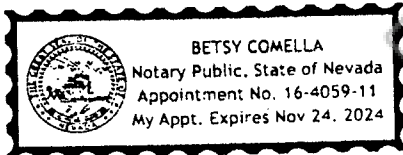
STATE OF Nevada)
COUNTY OF Lincoln) :SS.

This instrument was acknowledged before me on this:
11th day of September 2024,

By: **Janice L Erdo**

Betsy Comella

Notary Public
(My commission expires: 11/24/24)



Betsy Comella
16-4059-11
11/24/24

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4419960

CERTIFICATE OF DEATH

2024016309
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) William Joseph ERDO		2. DATE OF DEATH (Mo/Day/Year) June 21, 2024		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street address number) 99 Keele Road		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 80		7b. UNDER 1 YEAR MOS: DAYS		7c. UNDER 1 DAY HOURS: MINS	
8. DATE OF BIRTH (Mo/Day/Yr) April 30, 1944		9a. STATE OF BIRTH (If not US/CA: name country) Mississippi		9b. CITIZEN OF WHAT COUNTRY UNITED STATES	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Janice Louise HEFNER	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		Maintenance Director		Caliente Youth Center	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
		15d. STREET AND NUMBER 99 Keele Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wymouth ERDO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dorothy GALLAN		
18a. INFORMANT - NAME (Type or Print) Janice Louise ERDO			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 901 Caliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) Removal/cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS: Southern Utah Crematory 190 North 300 West Cedar City UT 84720					
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) July 23, 2024		21c. HOUR OF DEATH 09:18		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) July 24, 2024		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	
(b) DUE TO, OR AS A CONSEQUENCE OF: Electrolyte Disturbance				Interval between onset and death Days	
(c) DUE TO, OR AS A CONSEQUENCE OF: Anorexia / Not Eating				Interval between onset and death Weeks	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1 Diabetes, Hypertension				26. AUTOPSY (Specify Yes or No) No	
28a. ACC. SUICIDE, HOM. UNDET OR PENDING INVEST. (Specify) NATURAL		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
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	

00-1072634



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: 8/16/2024

Cody Storey
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

