132017

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA
COUNTY OF ~~Clark~~ Eureka } ss.

Geraldine M. Steinbach, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is _____ the person named as Geraldine M. Steinbach, one of the grantees in that certain deed recorded March 8, 1979, as Document No. 67908 in Book 69, Page 227, of Deeds, in the office of the County Recorder of ~~Clark~~ Eureka County, State of Nevada.

That Michael C. Steinbach was one of the grantees named in said deed and was the identical person named as Michael Clark Steinbach, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Geraldine M. Steinbach

Subscribed and sworn to before me this 20th day of February, 1990

Marjorie C. Watson
Notary Public in and for said County and State

MARJORIE WATSON
Notary Public - Nevada
Lincoln County
My appt. exp. July 25, 1990

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THE COPY SHOP—60

COPY

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER | STATE FILE NUMBER

DECEDENT

1 DECEDENT—NAME First: Michael Middle: Clark Last: STEINBACH
2. DATE OF DEATH (Month, Day, Year): August 14, 1986
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): University Medical Center
3d. INSIDE CITY LIMITS (Specify Yes or No): Yes
3e. If Hosp. or Inst. indicate DOA, OP, Emer, Rm, Inpatient (Specify): Inpatient
4a. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
4b. ETHNIC: German/Danish
5a. AGE—Last Birthday (Years): 65
5b. UNDER 1 YEAR MOS : DAYS
5c. UNDER 1 DAY HOURS : MINS
6. DATE OF BIRTH (Mo., Day, Yr.): July 14, 1921
7. SEX: Male
8. STATE OF BIRTH (If not U.S.A., name country): Washington
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Geraldine Marsh
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Electrical Technician
14b. KIND OF BUSINESS OR INDUSTRY: Electric Company

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Lincoln
15c. CITY, TOWN, OR LOCATION: Alamo
15d. STREET AND NUMBER: P.O. Box 395
15e. INSIDE CITY LIMITS (Specify Yes or No): No

PARENTS

16. FATHER—NAME First: Joseph Middle: Timothy Last: Steinbach
17. MOTHER—MAIDEN NAME First: Florence Middle: Last: Clark
18a. INFORMANT—NAME (Type or Print): Geraldine Steinbach
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): P.O. Box 395, Alamo, Nevada 89001

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Memory Gardens
19c. LOCATION — City or Town, State: Las Vegas, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Donna Skala
20b. NAME AND ADDRESS OF FACILITY: Bunker Mortuary 925 Las Vegas Blvd. No., LasVegas, Nevada 89101

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): Alan M Myers MD
21b. DATE SIGNED (Mo., Day, Yr.): 8/14/86
21c. HOUR OF DEATH: 8:00 A.M.
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner's Office

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 and Title):
22b. DATE SIGNED (Mo., Day, Yr.):
22c. HOUR OF DEATH:
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON:
22e. PRONOUNCED DEAD (Hour) AT:

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Alan Myers M.D. 650 Shadow Ln., Las Vegas, Nev.

24a. REGISTRAR (Signature): Sabine Henderson Deputy
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): AUG 15 1986
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Large cell lymphoma — Interval between onset and death: 1 year
DUE TO, OR AS A CONSEQUENCE OF
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

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 M
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

№ 59297

VITAL RECORDS

"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 Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics
By:

Date Issued: AUG 18 1986

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
BOOK 209 PAGE 217
Geraldine Steinbach
'90 MAR 19 A11 57

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE $7.00

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