

APN: 005-470-07

THE UNDERSIGNED HEREBY AFFIRMS THAT
THIS DOCUMENT SUBMITTED FOR
RECORDING DOES CONTAIN A
SOCIAL SECURITY NUMBER.

EUREKA COUNTY, NV		2018-235193
Rec:\$35.00		
\$35.00	Pgs=3	05/31/2018 02:43 PM
COPENHAVER & MCCONNELL, PC		
LISA HOEHNE, RECORDER		

Send Tax Statements to:

Sandra F. Sanchez
4474 S. Amanda Avenue
Ft. Mohave, AZ 86426

When recorded return to:

Copenhaver & McConnell, P.C.
950 Idaho Street
Elko, NV 89801

AFFIDAVIT TERMINATING JOINT TENANCY
PURSUANT TO NRS 111.365

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **KATIE HOWE MCCONNELL**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That **SANDRA F. SANCHEZ** is the surviving spouse of **EDWARD R. SANCHEZ**.

2. That **EDWARD R. SANCHEZ** and **SANDRA F. SANCHEZ** acquired the following described property in the County of Eureka, State of Nevada, as joint tenants, by that certain Deed recorded on April 8, 1991, in Book 222, Page 045, Official Records of the Eureka County Recorder, Eureka County, State of Nevada, said real property being more specifically described as follows:

T29N, R48E, SECTION 33 E½ SE¼ SE¼

TOGETHER with any and all buildings and improvements situate thereon.

TOGETHER with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the

reversion and reversions, remainder and remainders, rents, issues and profits thereof.

3. That **EDWARD R. SANCHEZ**, being one of the persons described in the foregoing described Deed as a grantee and joint tenant, died in the City of Fort Mohave, County of Mohave, State of Arizona, on the 29th day of April, 2017. That a certified copy of the death certificate of **EDWARD R. SANCHEZ** is attached to this Affidavit and made a part thereof.

I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **EDWARD R. SANCHEZ** in the above-described real property has terminated by virtue of her death and that title to the real property is now vested solely in his surviving joint tenant, **SANDRA F. SANCHEZ**, as her sole and separate property.

DATED this 15th day of May, 2018.

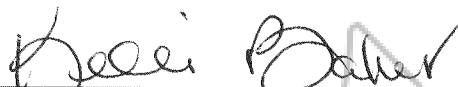


KATIE HOWE MCCONNELL

State of Nevada
County of Elko

On the 15th day of May, 2018, before me, **KELLI BAKER**, the undersigned Notary, personally appeared **KATIE HOWE MCCONNELL**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity or individually and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Signature of Notary
(Attach seal or stamp of Notary)



STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2017-019788

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) EDWARD R SANCHEZ				2. AKA'S (IF ANY)		3. DATE OF DEATH 04/29/2017	
4. SEX MALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 12/06/1951	7. AGE 65	8. UNDER 1 YEAR <input type="checkbox"/> 8 MONTHS <input type="checkbox"/> 9 DAYS		9. UNDER 1 DAY <input type="checkbox"/> 10. HOURS <input type="checkbox"/> 11. MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 4474 AMANDA AVE				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: FORT MOHAVE 86426		16. COUNTY OF DEATH: MOHAVE	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) OXNARD, CALIFORNIA			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) SANDRA FAYE CONRAD		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 4474 AMANDA AVE			21. CITY AND COUNTY: FORT MOHAVE, MOHAVE		22. STATE: ARIZONA		23. ZIP CODE: 86426
24. EVER IN THE ARMED FORCES NO		25. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input checked="" type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: MERCHANDISER			29. FATHER'S NAME (FIRST, MIDDLE, LAST): ROBERTO C SANCHEZ		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): REBECCA L LOPEZ		
31. INFORMANT'S NAME: SANDRA FAYE SANCHEZ			32. RELATIONSHIP: SPOUSE		33. INFORMANT'S MAILING ADDRESS: 4474 AMANDA AVE, FORT MOHAVE, ARIZONA 86426		
34. NAME AND ADDRESS OF FUNERAL FACILITY: DIMOND & SONS SILVER BELL CHAPEL 2620 SILVER CREEK RD., BULLHEAD CITY, AZ				35. FUNERAL DIRECTOR: WILLIAM R DUNN, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0956	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: MOHAVE CREMATION SERVICE, BULLHEAD CITY, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE		
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I							
IMMEDIATE CAUSE OF DEATH	40. A INTRAHEPATIC BILE DUCT CARCINOMA					41. APPROXIMATE INTERVAL: MONTHS	
DUE TO OR AS A CONSEQUENCE OF	42. B					43. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF	44. C					45. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF	46. D					47. APPROXIMATE INTERVAL:	
CAUSE OF DEATH PART II							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0105
				53. WAS AN AUTOPSY PERFORMED? NO	54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER OF DEATH CERTIFICATION							
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: ELIZABETH A. SMITH-TRYON, M.D.		56. DATE CERTIFIED: 05/01/2017	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.				58. NAME OF REGISTRAR: PATTY MEAD		59. DATE REGISTERED: 05/10/2017	
57. CERTIFIER'S ADDRESS: 2082 MESQUITE AVE., STE. 106 LAKE HAVASU CITY, AZ 86403							

DATE ISSUED: 05/10/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

J0357679

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE