

APN: 001-094-05

Recording requested by:

Marvel & Marvel, Ltd.
217 Idaho Street
Elko, Nevada 89801

EUREKA COUNTY, NV		2024-253295
Rec:\$37.00		
\$37.00	Pgs=4	11/04/2024 02:07 PM
MARVEL & MARVEL, LTD		
KATHERINE J. BOWLING, CLERK RECORDER		

Mail tax statements/notices to:

Kimberly Colquhoun
8521 Potters Clay Street
Las Vegas, NV 89143

The undersigned hereby affirms that this document submitted for recording does not contain the personal information of any person or persons per N.R.S. 239B.030.

AFFIDAVIT TERMINATING JOINT TENANCY
(N.R.S. 111.365)

KIMBERLY COLQUHOUN ("Affiant"), being first duly sworn, according to law, deposes and says:

1. Affiant is the daughter of MARSHALL A. BORGNA, deceased, who passed away on June 12, 2020, in the County of Clark, State of Nevada. A certified copy of the Certificate of Death of MARSHALL A. BORGNA is attached hereto as Exhibit "A" and made a part hereof.

2. That MARSHALL A. BORGNA and JOYCE C. BORGNA acquired the below-described real property as husband and wife, as community property with right of survivorship, and not as tenants in common, by that certain Grant, Bargain and Sale Deed, recorded on September 1, 2004, in Book 393, Page 007-008, as Document No. 191844, in the Office of the County Recorder for Eureka County, Nevada.

3. The real property subject hereto is situate, lying and being in the County of Eureka, State of Nevada, and more particularly described as follows:

Lots 13 and 14. Block 41, as shown on the Official Plat of the Town of Eureka, County of Eureka, State of Nevada, located on Adam Street, Eureka, Nevada 89316.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues, and profits thereof.

4. Affiant makes this affidavit for recording and for the purpose of terminating all the right, title, interest and estate of MARSHALL A. BORGNA as the deceased joint tenant in and to the above-described real property, and vesting title therein solely in JOYCE C. BORGNA, as the surviving joint tenant under the above-described Grant, Bargain and Sale Deed.

DATED this the 28th day of October, 2024.

Kimberly Colquhoun
KIMBERLY COLQUHOUN

STATE OF NEVADA)
)SS
COUNTY OF CLARK)

On the 28th day of October, 2024, before me, a Notary Public, personally appeared **KIMBERLY COLQUHOUN**, personally known to me, or proven to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the above instrument and who acknowledged that she executed said instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Nevada that the foregoing is true and correct.

Witness my hand and official seal:

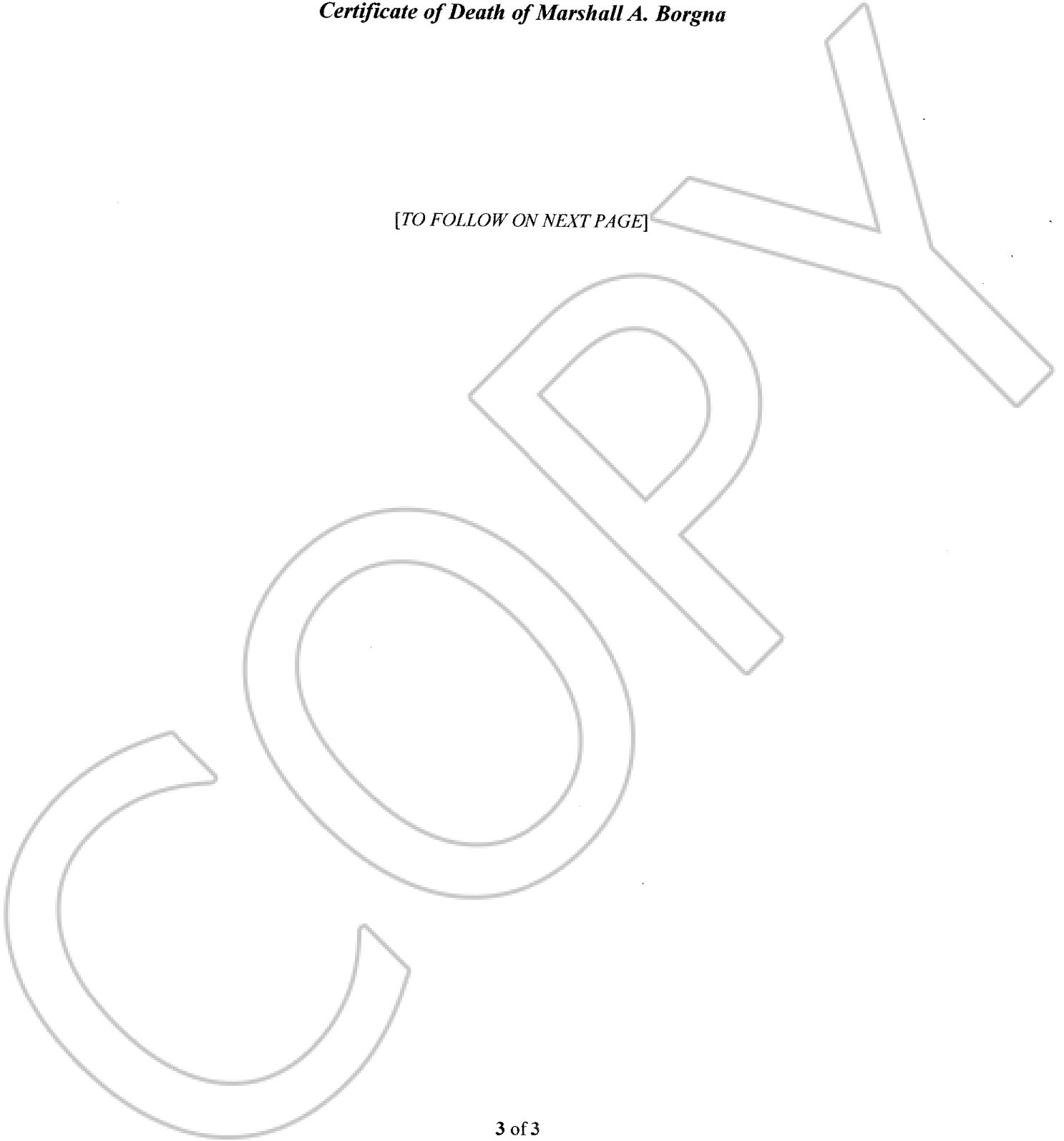
Farah R. Hardiman
NOTARY PUBLIC



EXHIBIT "A"

Certificate of Death of Marshall A. Borgna

[TO FOLLOW ON NEXT PAGE]



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4150080

2020012121
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Marshall Angelo BORGNA		2. DATE OF DEATH (Mo/Day/Year) June 12, 2020		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 Inpatient(Specify) MountainView Hospital		3e. If Hosp. or Inst. LOCATION (Specify) DOA,OP/Emer. Rm. Inpatient	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 83	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 15	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Joyce CHURCHFIELD			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of ENGINEER		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
DISPOSITION	15d. STREET AND NUMBER 3012 Olivegrove Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) James Lawrence BORGNA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Erma PIERETTI		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Kimberly J COLQUHOUN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 8521 Potters Clay Street Las Vegas, Nevada 89143			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) DAREN DREILING		20b. FUNERAL DIRECTOR LICENSE NUMBER FD913		20c. NAME AND ADDRESS OF FACILITY Neptune Society 8570 Del Webb Blvd Las Vegas NV 89134	
	TRADE CALL - NAME AND ADDRESS					
REGISTRAR	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 CHRISTINE M ESTRADA DO		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) June 12, 2020		21c. HOUR OF DEATH 03:23		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
CAUSE OF DEATH	22b. DATE SIGNED (Mo/Day/Yr)		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) Christine M Estrada DO 7500 W Lake Mead Boulevard Las Vegas, NV 89128			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER DO1969		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 15, 2020		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STATE REGISTRAR	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
	PART I					
CAUSE OF DEATH	(a) Acute Hypoxic Respiratory Failure		Interval between onset and death			
	(b) Lung Cancer		Interval between onset and death			
CAUSE OF DEATH	(c) Grade Or Cell Type Unknown		Interval between onset and death			
	(d)		Interval between onset and death			
CAUSE OF DEATH	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Squamous Cell Carcinoma Of The Bladder, End Stage Renal Disease				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)			
CAUSE OF DEATH	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	

STATE REGISTRAR

"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.

DATE ISSUED: **JUN 17 2020** Registrar of Vital Statistics
By: *[Signature]*
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

VRS-Rev-20120523a

