

A.P.N.: 1419-35-111-005

**When Recorded Mail To:**

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703



00176552202410037690040048

SHAWNYNE GARREN, RECORDER

**Mail Tax Statements To:**

Arvan and Cynthia Bell

P.O. Box 429

Genoa, NV 89411

**AFFIDAVIT OF DEATH OF JOINT TENANT**

- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain personal information of any person or persons (NRS 239B.030).
- I, the undersigned, hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain personal information of a person or persons as required by law. State specific law: NRS 440.380

MAHE LAW, LTD.

707 North Minnesota Street, Suite D

Carson City, NV 89703

By:

JENNIFER M. MAHE, ESQ.

Nevada State Bar No. 9620

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**AFFIDAVIT OF DEATH OF JOINT TENANT**

CYNTHIA MARIE BELL, the daughter of the deceased joint tenant, JOSEPHINE CRAWFORD, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. JOSEPHINE CRAWFORD died in Las Vegas, Nevada, on August 27, 2023. A certified copy of the Certificate of Death of JOSEPHINE CRAWFORD is attached to this Affidavit as Exhibit "1" and incorporated herein by this reference.

2. ARVAN ELLIS BELL, CYNTHIA MARIE BELL and JOSEPHINE CRAWFORD acquired title to real property as joint tenants in that certain Grant, Bargain, Sale Deed recorded with the Douglas County Recorder's Office as Document No. 2019-927712, on April 10, 2019. The legal description of the real property is as follows:

LOT 21 IN BLOCK D, AS SHOWN ON THE FINAL SUBDIVISION MAP, PLANNED UNIT DEVELOPMENT PD 05-001, MONTANA, PHASE 2C, 2D AND 2E, FILED FOR RECORD IN THE OFFICE OF THE DOUGLAS COUNTY RECORDER, STATE OF NEVADA, ON DECEMBER 17, 2007, IN BOOK 1207, PAGE 3697, AS DOCUMENT NO. 714941, OFFICIAL RECORDS.

**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. 4367051

2023019119  
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

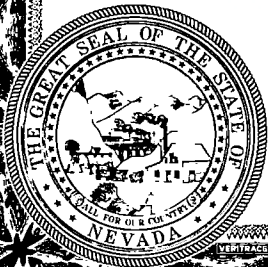
1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Josephine CRAWFORD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 27, 2023</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street address and number) <b>Plaxia Care</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Assisted Living Facility</b>	
5 RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>81</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Oklahoma</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>October 13, 1941</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]-0115</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Oil Refining</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
15d. STREET AND NUMBER <b>5095 North Park Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		4. SEX <b>Female</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Andrew Carl SLATE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Carrie Christine WILLIAMS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Cynthia Marie BELL</b>		18b. MAILING ADDRESS (Street or F.F.D No, City or Town, State, Zip) <b>461 Egret Court PO Box 429 Genoa, Nevada 89411</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Skyview Memorial Lawn</b>		19c. LOCATION City or Town State <b>Vallejo California 94591</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>MARIELLE J LANDRY</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD886</b>		20c. NAME AND ADDRESS OF FACILITY <b>Palm Mortuary-Northwest 6701 N. Jones Blvd. Las Vegas NV 89131</b>	
TRADE CALL - NAME AND ADDRESS Skyview Memorial Lawn 200 Rollingwood Drive, Vallejo CA 94591					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) <b>PAUL A STEWART MD</b>			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) <b>August 31, 2023</b>		21c. HOUR OF DEATH <b>18:15</b>		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) <b>Paul A Stewart MD 2000 Goldring Ave Las Vegas, NV 89106</b>				23b. LICENSE NUMBER <b>3517</b>	
24a. REGISTRAR (Signature) <b>NANCY BARRY</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 31, 2023</b>		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		Interval between onset and death			
(a) <b>Senile Dementia Of The Brain</b>		1 Year			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		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. <b>Hospice Patient</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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. LOCAT ON STREET OR R.F.D. No. CITY OR TOWN STATE	

"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: 9/6/2023

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**  
By: *Susan Zannus*

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



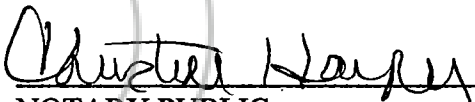
3. At the time of death of JOSEPHINE CRAWFORD, title to the real property described herein continued to be held by ARVAN ELLIS BELL and CYNTHIA MARIE BELL, husband and wife and JOSEPHINE CRAWFORD, a widow, as joint tenants with right of survivorship. As a result of the death of JOSEPHINE CRAWFORD and the joint tenancy form of title, the real property described herein is now owned by ARVAN ELLIS BELL and CYNTHIA MARIE BELL, husband and wife, as joint tenants with right of survivorship.

Dated this 2nd day of January, 2024.

  
CYNTHIA MARIE BELL

STATE OF NEVADA        )  
                                  : ss.  
CARSON CITY

On January 2nd, 2024, personally appeared before me, a notary public, CYNTHIA MARIE BELL, personally known (or proved) to me to be the person whose name is subscribed to the foregoing instrument, who acknowledged to me that she executed the foregoing Affidavit of Death of Joint Tenant.

  
NOTARY PUBLIC

