

A.P.N. 009-633-07

**When Recorded Mail To:**

JENNIFER M. MAHE, ESQ.

Mahe Law, Ltd.

707 North Minnesota Street, Suite D

Carson City, NV 89703

**Mail Tax Statements To:**

Lisa Marie Helget

855 Santa Maria Way Way

Mesquite, NV 89027

**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

A.P.N. 009-633-07

**When Recorded Mail To:**

JENNIFER M. MAHE, ESQ.  
Mahe Law, Ltd.  
707 North Minnesota Street, Suite D  
Carson City, NV 89703

**Mail Tax Statements To:**

James H. Helget  
247 Woodlake Circle  
Dayton, NV 89403

**AFFIDAVIT OF DEATH OF JOINT TENANT**

JAMES H. HELGET, the son of the deceased joint tenant, JAMES L. HELGET, does hereby swear under penalty of perjury that the assertions of this affidavit are true and correct and declares the following:

1. JAMES L. HELGET, died in Reno, NV, on September 6, 2022. A certified copy of the Certificate of Death of JAMES L. HELGET is attached to this Affidavit as Exhibit "1" and incorporated herein by this reference.

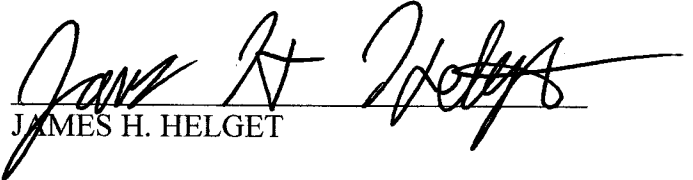
2. JAMES L. HELGET, JANICE M. HELGET and LISA MARIE HELGET acquired title to real property as joint tenants in that certain Grant, Bargain, Sale Deed recorded with the Carson City Recorder's Office as Document No. 429467, on December 21, 2012. The legal description of the real property is as follows:

Parcel 43, as shown on Parcel Map No. 991, filed in the office of the recorder of Carson City, Nevada on July 20, 1983.

3. At the time of death of JAMES L. HELGET, title to the real property described herein continued to be held by JAMES L. HELGET, an unmarried man and LISA MARIE HELGET, an

unmarried woman, as joint tenants. As a result of the death of JAMES L. HELGET and the joint tenancy form of title, the real property described herein is owned by LISA MARIE HELGET, an unmarried woman.

Dated this 26 day of SEPTEMBER, 2022.

  
JAMES H. HELGET

STATE OF NEVADA     )  
                                      : ss.  
CARSON CITY         )

On September 26, 2022, personally appeared before me, a notary public, JAMES H. HELGET, personally known (or proved) to me to be the persons whose name is subscribed to the foregoing instrument, who acknowledged to me that he executed the foregoing Affidavit of Death of Joint Tenant.

  
NOTARY PUBLIC

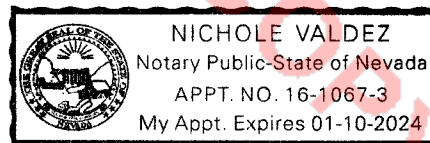


EXHIBIT “1”

UNOFFICIAL COPY

EXHIBIT “1”



# STATE OF NEVADA

## CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4306086

**CERTIFICATE OF DEATH**2022022142  
STATE FILE NUMBER

<b>DECEDENT</b>	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>James Leroy HELGET</b>		2. DATE OF DEATH (Mo/Day/Year) <b>September 06, 2022</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address number) <b>Renown South Meadows Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Care Center</b>	
<b>PARENTS</b>	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>82</b>	
	9a. STATE OF BIRTH (If not US/CA, name country) <b>Kansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
<b>DISPOSITION</b>	13. SOCIAL SECURITY NUMBER <b>5853</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Carson City</b>		15c. CITY, TOWN, OR LOCATION <b>Carson City</b>	
<b>TRADE CALL</b>	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Minard HELGET</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Twila DEARMOND</b>		18. INFORMANT - NAME (Type or Print) <b>Lisa Marie HELGET</b>	
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Fitzhenry's Crematory</b>		19c. LOCATION City or Town State <b>Carson City Nevada 89701</b>	
<b>CERTIFIER</b>	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>NORMA M FINKE</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD967</b>		20c. NAME AND ADDRESS OF FACILITY <b>Fitzhenry's Funeral Home 3945 Fairview Dr Carson City NV 89701</b>	
	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>NATHAN HO DO</b>					
<b>REGISTRAR</b>	21b. DATE SIGNED (Mo/Day/Yr) <b>September 16, 2022</b>		21c. HOUR OF DEATH <b>14:40</b>		22a. DATE SIGNED (Mo/Day/Yr)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo/Day/Yr)		22c. PRONOUNCED DEAD AT (Hour)	
<b>CAUSE OF DEATH</b>	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Nathan Ho DO 1470 Medical Pkwy Carson City, NV 89703</b>		23b. LICENSE NUMBER <b>DO1616</b>		24a. REGISTRAR (Signature) <b>BLAIR J HEDRICK</b>	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>September 19, 2022</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>Cardiopulmonary Arrest</b>	
<b>CONDITIONS IF ANY WERE GAVE RISE TO IMMEDIATE CAUSE</b>	(a) <b>Cardiomyopathy</b>		(b) <b>Coronary Artery Disease</b>		(c) <b>Smoking</b>	
	26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)	
28b. INJURY AT WORK (Specify Yes or No)		28c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		28e. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE



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:

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

