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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA,)
) ss,
COUNTY OF LINCOLN)

JACQUELINE B. COOK, 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 herein stated.

That affiant is JACQUELINE B. COOK is the person named as JACQUELINE B. COOK, as one of the grantees in that certain deed recorded October 3, 1962, as Document No. 39817 in Book O, page 330 of Real Estate Deeds in the Office of the County Recorder of Lincoln County, State of Nevada, described as:

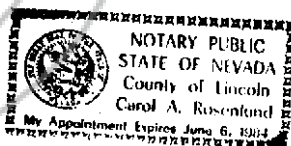
All of Lot Seven (7) and all of Lot Eight (8) and the Easterly Seven Feet (7') of Lot Six (6) of Block B; and the Westerly One Half (W $\frac{1}{2}$) of Lot Twelve (12) and all of Lot Thirteen (13) and all of Lot Fourteen (14) of Block A of the West End Addition to the City of Caliente, Nevada as the same appears on the Plat thereof on file in the Office of the County Recorder of Lincoln County, Nevada; Together with the personal property located thereon or therein.

That RALPH DALE COOK was one of the grantees named in said deed and was the identical person named as RALPH DALE COOK the decedant, in the certain Death Certificate, certified copy which is annexed hereto and made a part hereof.

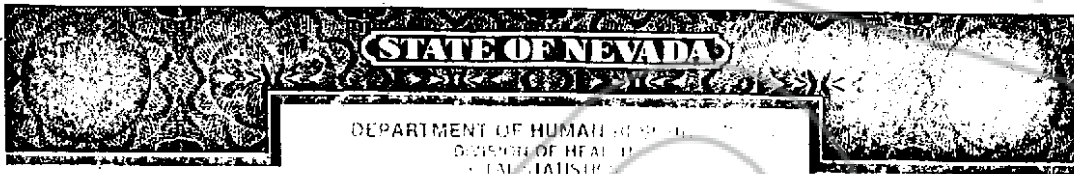
Jacqueline B. Cook
JACQUELINE B. COOK

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

On this 1st day of October, 1981 personally appeared before me, a Notary Public in and for said Lincoln County, JACQUELINE B. COOK known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.
WITNESS my hand and official seal.



Carol A. Rosenlund
NOTARY PUBLIC



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

LOCAL FILE NUMBER		STATE FILE NUMBER	
1 DECEASED—NAME First Middle Last Ralph Dale COOK		2 DATE OF DEATH (Month Day Year) September 3, 1981	
3 CITY, TOWN, OR LOCATION OF DEATH Caliente		4 HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number) A Street	
5 RACE—(eg. White, Black, American Indian, etc.) (Specify) White		6 ETHNIC 99	
7 AGE—Last Birthday (Year) Mo Day 59		8 UNDER 1 YEAR UNDER 1 DAY MOB DAYS HOUR Y MIN	
9 DATE OF BIRTH (Mo. Day, Yr.) Sept. 23, 1921		10 SEX Male	
11 STATE OF BIRTH (If not U.S.A., name country) Kansas		12 CITIZEN OF WHAT COUNTRY U.S.A.	
13 SOCIAL SECURITY NUMBER 17		14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
15 USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Owner/Operator		16 RIVIVING SPOUSE (If wife give maiden name) Jacqueline Banks	
17 RESIDENCE—STATE Nevada		18 KIND OF BUSINESS OR INDUSTRY Motel	
19 COUNTY Lincoln		20 CITY, TOWN, OR LOCATION Caliente	
21 STREET AND NUMBER A Street		22 INDEED CITY LIMITS (Specify Yes or No) Yes	
23 FATHER—NAME First Middle Last Ralph Doster Cook		24 MOTHER—MAIDEN NAME First Middle Last Helen Dickinson	
25 INFORMANT—NAME (Type or Print) Jacqueline Cook - Wife		26 MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 278, Caliente, Nevada 89008	
27 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		28 CEMETERY OR CREMATORY—NAME Conway Memorial Park	
29 FUNERAL DIRECTION—SIGNATURE (Of Person Acting as Such) 80 Freeman		30 NAME AND ADDRESS OF FACILITY Lincoln County Mortuary P.O. Box 236, Caliente, Nevada 89008	
31a 21a. For the best of my knowledge, death occurred at the time, date and place and due to the (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31b 22a. On the basis of examination and/or investigation on my death occurred at the time, date and place (Signature and Title) DATE SIGNED (Mo., Day, Yr.) 22b. 9-6-81 22c. 11:30 p.m. 22d. 9-4-81 22e. AT 12:25 a.m.	
32 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Richard Triplett Dep. Cor., P.O. Box 32, Pioche, Nevada 89043			
33 REGISTRAR 33a (Signature) J. W. Walker MD		34 DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 9/6/81	
35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART 1 (a) Arteriosclerotic cardiovascular disease		Interval between onset and death	
(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to causes given in PART 1 (a)		36 AUTOPSY (Specify Yes or No) No	
37 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No) Yes			
38 ALL SURGICAL OR OTHER INJURY (Specify) DATE OF INJURY (Mo., Day, Yr.)		39 HOUR OF INJURY	
40 DESCRIBE HOW INJURY OCCURRED			
41 INJURY AT WORK (Specify Yes or No)		42 PLACE OF INJURY—All homes, farm, street, factory, office, building, etc. (Specify)	
43 LOCATION		44 STREET OR R.F.D. No.	
45 CITY OR TOWN		46 STATE	



This is to certify that the above is a true and correct copy of the certificate of death on file in this office.
Date Issued SEP 15 1981 BOON 46 PAGE 549
H. H. Carr, MD
STATE REGISTRAR

No 26636



WARNING - IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

057520

COPY

No. 73630
FILED AND RECORDED AT REQUEST OF
Jacqueline Cook
OCT 1, 1981
AT 30 MINUTES PAST 1 O'CLOCK
PM IN BOOK 46 OF OFFICIAL
RECORDS, PAGE 548 LINCOLN
COUNTY, NEVADA.

Karen Herndon, Deputy
COUNTY RECORDER