

When Recorded Mail To:

SHEERIN, WALSH & KEELE  
P. O. Box 1327  
Gardnerville, Nevada 89410

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA )  
                  ) : ss  
COUNTY OF LINCOLN )

LESTER C. MATHEWS, being first duly sworn, deposes and says:

That he is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That the affiant is the person named as LESTER C. MATHEWS, joint tenant, one of the two grantees on that certain Agreement recorded in the Office of the County Recorder of Lincoln County, State of Nevada, on the 28th day of August, 1983, in Book 578, Page 511, being document number 78998, wherein CHARLES P. MATHEWS and LESTER C. MATHEWS, as Joint Tenants with right of survivorship, were named as grantees to all that real property described as follows:

That portion of "3rd" Street between the south boundary of "A" Street and the north boundary of "B" Street, said parcel being 90.75 feet wide and 528 feet long. This parcel is adjacent to Blocks 20 and 21 in the town of Panaca, and contains 1.10 acres, more or less.

Excepting and reserving therefrom any and all public utility easements existing thereon.

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

That CHARLES P. MATHEWS was one of the grantees named in said Agreement and was the identical person named as CHARLES P. MATHEWS, the decedent, in that Death Certificate, a certified copy of which is annexed hereto as Exhibit "A" and made a part hereof, as if set forth in full, verbatim.

That your affiant is the surviving joint tenant of said

Lincoln County

decedent and that said decedent died on the 29th day of April, 1984.

Lester C. Mathews  
LESTER C. MATHEWS

SUBSCRIBED AND SWORN to before me  
this 15<sup>th</sup> day of July, 1985.

Margaret H. Jones  
Notary Public



No. 82898  
FILED AND RECORDED AT REQUEST OF  
Lorene Mathews  
July 16, 1985  
AT 1 MINUTES PAST 9 O'CLOCK  
A.M. IN BOOK 66 OF OFFICIAL  
RECORDS, PAGE 127 LINCOLN  
COUNTY, NEVADA.

YURIKO SETZER  
COUNTY RECORDER

By Mara Cordie, Deputy



DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER DECLARED - NAME <b>Charles P. MATHEWS</b>		DATE OF DEATH (Month, Day, Year) <b>April 29, 1984</b>		STATE FILE NUMBER COUNTY OF DEATH <b>Lincoln</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		HOSPITAL OR OTHER INSTITUTION (Name of the institution, give street and number) <b>Grover C. Dils Medical Center</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>Inpatient</b>	
RACE (Specify) <b>White</b>		AGE Last Birthday (Years, Months, Days) <b>101</b>		DATE OF BIRTH (Month, Day, Year) <b>February 3, 1883</b>	
STATE OF BIRTH <b>Nevada</b>		COUNTRY OF BIRTH <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (State kind of work done during major or working life, even if seasonal) <b>Farmer</b>		SURVIVING SPOUSE (If wife, give maiden name) <b>Alice Gubler</b>	
RESIDENCE - STATE <b>Nevada</b>		CITY, TOWN, OR LOCATION <b>Lincoln</b>		MANNER OF BUSINESS OR INDUSTRY <b>Own Account</b>	
FATHER - NAME <b>Charles Mathews Jr.</b>		MOTHER - NAME <b>Helen Amelia Klingensmith</b>		INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
DECEASED NAME (Type of Print) <b>Lester Mathews - Son</b>		MAILING ADDRESS <b>P.O. Box 328 Panaca Nevada 89042</b>		CITY OF DEATH <b>Panaca Nevada</b>	
MANNER OF DEATH <b>Burial</b>		CEMETERY OR CREMATORY NAME <b>Panaca Cemetery</b>		LOCATION <b>Panaca Nevada</b>	
NAME AND ADDRESS OF FACILITY <b>Palm Mortuary 1325 North Main St. Las Vegas Nevada 89101</b>		DATE AND TIME OF DEATH <b>2:40 A.M.</b>		PLACE OF DEATH <b>At Home</b>	
NAME AND ADDRESS OF CERTIFIER <b>Joseph D. Wilkin, M.D., P.O. Box 472, Panaca, Nevada 89042</b>		DATE RECEIVED BY REGISTRAR <b>May 2, 1984</b>		DEATH DUE TO COMMUNICABLE DISEASE <b>No</b>	
CAUSE OF DEATH <b>Cardiopulmonary arrest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Days</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>	
OTHER SIGNIFICANT CONDITIONS <b>Stroke</b>		ALTOGETHER <b>No</b>		WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
ALL SIGNED HOW LISTED ON PREVIOUS PAGE <b>2:40</b>		DATE OF INJURY (Month, Day, Year) <b>2:40</b>		DESCRIBE HOW INJURY OCCURRED	
PLACE OF INJURY (Specify Yes or No) <b>At Home</b>		LOCATION <b>At Home</b>		STREET OR R.T. NO. <b>At Home</b>	

This is to certify that the above is a true and correct copy of the certificate on file in this office.

VITAL RECORDS

Date Issued: **MAY 8 1984**

By: *William C. [Signature]* 495  
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

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