

FILED FOR RECORDING  
AT THE REQUEST OF

*First American Title*

2005 APR 7 PM 2 54

LINCOLN COUNTY RECORDER  
FEE *5.00* DEP *cu*  
LESLIE BOUCHER

A.P.N.: 001-092-06  
File No: 152-2200558 (MJ)

When Recorded Return To:  
Anna Fay Corbett  
P. O. Box 327  
Pioche, NV. 89043

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**Anna Fay Corbett**, of legal age, being first duly sworn, deposes and says:

That **James Albert Corbett**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James A. Corbett** named as one of the parties in that certain **Joint Tenancy Grant, Bargain and Sale Deed** dated **September 14, 1992** executed by **Larry Wilkinson, Chairman of the Board of Trustees of the Berean Baptist Church** to **James A. Corbett and Anna Fay Corbett, husband and wife** as joint tenants, recorded as Document No. **099341** on **September 14, 1992** in Book **Book 103, Page 218**, of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

**Lot 21 in Block 30, of the Town of Pioche, recorded and filed in the Office of the County Recorder, Lincoln County, Nevada.**

*Anna Fay Corbett* 4/5/05  
Anna Fay Corbett Date

STATE OF **NEVADA** )  
                  *White Pine* ) :SS.  
COUNTY OF **LINCOLN** )

This instrument was acknowledged before me on  
*April 5, 2005* by

Anna Fay Corbett

*Marian L. Jenkins*  
\_\_\_\_\_  
Notary Public

(My commission expires: *10-17-06* )



*W*

# STATE OF NEVADA

## DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

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

99 015640

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. James Albert CORBETT		2. December 18, 1999	3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)
3b. Pioche		3c. 89 Main Street	3e. 6
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	SEX
5. White		6.	4. Male
AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
7a. 65	7b.	7c.	March 31, 1934
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
9a. New York	9b. U.S.A.	10. 9	11. Married
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]	14. Owner/Operator	12. Anna Fay Hill	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
15a. Nevada	15b. Lincoln	15c. Pioche	15d. 89 Main Street
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Albert Ray Corbett		17. Rose Elizabeth Blake	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Anna Fay Corbett		18b. P.O. Box 327 Pioche, Nevada 89043	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Burial		19b. Pioche Cemetery	19c. Pioche, Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [Signature]		20b. 15	20c. Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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 and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b.		22b. 12-19-99	
HOUR OF DEATH		HOUR OF DEATH	
21c.		22c. Before 0730	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON 12-18-99	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour)	
23a. Edward Boylan; P.O. Box 450 Pioche, Nevada 89043		22e. AT 0730	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. [Signature]		24b. 12-19-99	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)			
PART (a)	Renal Cancer		Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			Year
PART (b)			Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
PART (c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)
PART II			26. No
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c.	28d.
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE
28e.		28f.	28g.

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF REQUIREMENTS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



STATE REGISTRAR

No. 135893

*Suzanne Sylva*

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

FEB 15 2000

Date Issued:

BOOK 109 PAGE 404

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT