

A.P.N.: 004-131-14  
File No: 152-2194641 (MJ)

When Recorded Return To:  
Donald L. Barge  
1034 South 10th Street  
Lebanon, OR 97355

FILED FOR RECORDING  
AT THE REQUEST OF

First American Title  
2005 APR 21 PM 1 31

LINCOLN COUNTY RECORDER  
FEE 15<sup>00</sup> DEP *aw*  
LESLIE BOUCHER

### AFFIDAVIT - TERMINATING JOINT TENANCY

Donald L. Barge, of legal age, being first duly sworn, deposes and says:

That **Vyonda Rose Barge**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Vyonda Barge** named as one of the parties in that certain **Joint Tenancy Deed** dated **June 13, 1996** executed by **Virginia Bowden Kopelman** to **Donald L. Barge and Vyonda Barge** as joint tenants, recorded as Document No. **105484** on **July 23, 1996** in Book **119**, page **541** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

**Lot 31, Alamo South Subdivision, Tract 1, Unit 1, as shown by map thereof, recorded January 13, 1977, as file 59020 in Book A-1 of Plats, Page 124, in the office of the County Recorder of Lincoln County, Nevada.**

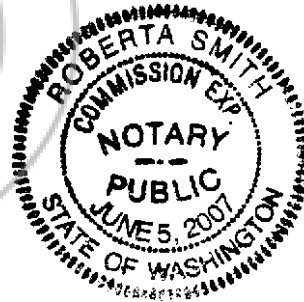
*Donald L. Barge*  
Donald L. Barge Date

STATE OF NEVADA )  
COUNTY OF Clark ) :SS.

This instrument was acknowledged before me on April 13, 2005 by

Donald L. Barge

*Roberta Smith*  
Notary Public  
(My commission expires: 7-5-07 )



STATE OF WYOMING

DEPARTMENT OF HEALTH

STATE OF WYOMING DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

299

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

Form with sections: 1. DECEDENT-NAME, 2. SEX, 3. DATE OF DEATH, 4. SOCIAL SECURITY NUMBER, 5a. AGE-Last Birthday, 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH, 7a. PLACE OF DEATH, 7b. FACILITY NAME, 7c. CITY, TOWN, OR LOCATION OF DEATH, 7d. COUNTY OF DEATH, 8. STATE OF BIRTH, 9. MARRIED, NEVER MARRIED, AND/OR DIVORCED, 10. SURVIVING SPOUSE, 11. WAS DECEDENT EVER IN U.S. ARMED FORCES?, 12a. USUAL OCCUPATION, 12b. KIND OF BUSINESS OR INDUSTRY, 13a. RESIDENCE - STATE, 13b. COUNTY, 13c. CITY, TOWN OR LOCATION, 13d. STREET AND NUMBER, 13e. INSIDE CITY LIMITS?, 14. WAS DECEDENT OF HISPANIC ORIGIN?, 15. RACE, 16. DECEDENT'S EDUCATION, 17. FATHER'S NAME, 18. MOTHER'S NAME, 19a. INFORMANT-NAME, 19b. RELATIONSHIP TO DECEDENT, 19c. MAILING ADDRESS, 20a. Burial, Cremation, Reservoir, 20b. DATE, 20c. CEMETERY OR CREMATORY-NAME, 20d. LOCATION, 21a. FUNERAL SERVICE LICENSER, 21b. NAME OF FACILITY, 21c. ADDRESS OF FACILITY, 22a. DATE SIGNED, 22b. HOUR OF DEATH, 22c. DATE SIGNED, 22d. HOUR OF DEATH, 22e. NAME OF ATTENDING PHYSICIAN, 22f. PRONOUNCED DEAD, 22g. PRONOUNCED DEAD, 24. NAME AND ADDRESS OF CERTIFIER, 25a. REGISTRAR, 25b. DATE RECEIVED BY REGISTRAR, 26. IMMEDIATE CAUSE, 26a. Acute cardiac death, 26b. Probable atherosclerotic coronary heart disease, 26c. Tobacco abuse, 27. AUTOPSY, 28. MANNER OF DEATH, 29a. DATE OF INJURY, 29b. TIME OF INJURY, 29c. INJURY AT WORK?, 29d. DESCRIBE HOW INJURY OCCURRED, 29e. PLACE OF INJURY, 29f. LOCATION

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

JUN 27 2001 VR 2-89 11/99 15M

127385

This is a true and exact reproduction of the document on file in the office of Vital Records Services, Cheyenne, Wyoming.

DATE ISSUED: JUN 27 2001

Lucinda McCaffrey Deputy State Registrar

This copy is not valid unless prepared on paper with an engraved border displaying the date, seal and signature of the Deputy State Registrar

