FM 4

FILED FUN NEOUNDING AT THE REQUEST OF

A.P.N.:

006-231-10

File No:

152-2230902 (MJ)

When Recorded return to, and mail Tax Statements to:

Dorothy M. Thompson HC 74 Box 262-1 Pioche, NV 89043

Emport occurry is

200 HOU 28

TEE 15,00 LESLIE BOUGHER

AFFIDAVIT - TERMINATING JOINT TENANCY

Dorothy M. Thompson, of legal age, being first duly sworn, deposes and says:

That Eigie Alton Thompson, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Elgie A. Thompson named as one of the parties in that certain Grant, Bargain, Sale Deed dated December 12, 1969 executed by James S. Thompson and Alice Thompson to Elgie A. Thompson and Dorothy M. Thompson, husband and wife as joint tenants, recorded as Document No. 48723 on January 14, 1970 in Book N-1, Page 493 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada:

Southwest Quarter (SW 1/4) of the Northeast Quarter (NE 1/4) of Section 35, Township 2 North, Range 69 East., M.D.B. & M., Lincoln County, Nevada.

Dorothy M. Thompson

Date

STATE OF

NEVADA

)

COUNTY OF

LINCOLN

:SS.)

This instrument was acknowledged before me on

NOVALIDIY 23.215 by

Dorothy M. Thompson

ALYSON LONG NOTARY PUBLIC - STATE of NEVADA Lincoln County • Nevada **CERTIFICATE # 00-61483-11** APPT, EXP. MAR. 17, 2008

(My commission expires:



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

‡		1	CERTIFICA	IL OF DEA	NIH	()
TURE	LOCAL FILE NUMBER				4	STATE FILE NUMBER
TYPE OR PRINT IN	DECEASED—NAME First	Middle	Läs	² D/	ATE OF DEATH (Month, Day, Year	COUNTY OF DEATH
PERMANENT BLACK INK	i, EIGIE	aiton	THOMP		JUNE 24, 1988	3a. LINCOLN
	CITY, TOWN, OR LOCATION OF DEATH		INSTITUTION—Name (If n		(Specify Yes or No)	
DECEDENT	3b. CALIENTE RACE—(e.g., White, Black, American	3c GROVER C	• DILS MEDI	CAL CENTER UNDER 1 YEAR		3e INPAPIEMP
	Indian, etc) (Specify)	4b.	AGE-Lest Birthday (Years)	MOS DAYS	HOURS MINS	H (Mo., Day, Yr.) SEX
IF DEATH	43 WHITE STATE OF BIRTH		^{5a.} 66	5b.	5c 6. OCTO	BER 12, 1921 MAIN
OCCURRED IN	(If not U.S.A., name country)	CITIZEN OF WHAT COUNTE	WIDOWED.		SURVIVING SPOUSE (If wife	s give maloen name) WAS DECEDENT EVER IN U.S. ARMED FORCES?
SEE HARDBOOK REGARDING	8 ATAHAMA SOCIAL SECURITY NUMBER	9. U.S.A. USUAL OCCUPATION (Give	(Specify)	KIED	DOM YETOROGU	U.S. ARMED FORCES? VSpecify Yes or Not YES 12.
COMPLETION OF RESIDENCE ITEMS		Working Life, Even if Retire	d)		KIND OF BUSINESS OR INDUSTRY	
ILOIOCHUL ITEMO	RESIDENCE—STATE COU	14aEUILDING I	NSPECTOR_RE	PIRED	ISTREET AND NUMBER	
└ >			CIT, TOWN, OR LOCA	IIION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or Na)
`	15a. LLVALA 15b.	LINCULN	15c. CAGIE V	<u>ALLILY</u> MOTHER- <i>MAIDEN I</i>	15d. VAME First	15e. <u>N</u>
PARENTS		•		MUTHEH-MAIDEN A	VAME FIRST	Middle Last
	16. WITT IH	<u>TH</u> (17.	<u>iJJ.A</u>	TUCKER
			MAILING ADDRE	N	(Street or R.F.D. No., City or To	
	BURIAL CREMATION, REMOVAL OTHE	CN (WIFE)	186.STAR)	ROUTE EOX	262-1 PIOCHE, 1	EVADA 89043
			7	N. N.	LOCATION	City or Town State
DISPOSITION	19a. CREMATION FUNERAL DIRECTOR—SIGNATURE (OF PA	196. D	LIM CREMATO		19c LAS V	EGAS, NEVADA
	₽ .0 €0	- 7 - af [f			P.O. EOX 236	
`	21a. To the best of my knowledge	de la	INCOLN COUNT	ry Mortuan	RY CALIENTE, N	VADA 89008 or investigation, in my opinion death occurred
ſ	due to the cause(s) stated.	16911	a On		et the time, date and place and du	e to the cause(s) stated.
	Signature and Title) S DATE SIGNED (Mo., Day, Yr.	HOUR OF DEA	THE THE		mature and Title) TE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
		The transfer of	Some Ziller	₽ 2		
CERTIFIER	8 216 JUNE 27, 1	988 21c. 5:05			i. ONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
	PE NAME OF ATTENDING PATS	IIGAN IF OTTER IMAN CERTIFIE	:R (type or Print)	[2 6 FW	CNOONCED DEAD (Mo., Day, 11.)	
1	21d.	ERTIFIER (PHYSICIAN, MEDICAL	EYAMINED OF CORONE	78. 1	d. ON	22e. AT
[- \ \ \	137: D.1 000.10	
`	REGISTRAR	Wilmin Made P.	DATE RE	PANAUA N	EVADA 89042 ARIMO, Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE
CONDITIONS IF ANY	1	11/1/m	100	1		
WHICH GAVE RISE TO		ONLY ONE CAUSE PER LINE FO	8 (a) /b) ANO (c) i	JNE 27, 19	88 24c. YES [Interval between onset and death
IMMEDIATE CAUSE	/3	0.0		And long	<u> </u>	· · · · · · · · · · · · · · · · · · ·
CAUSE STATING THE UNDERLYING CAUSE LAST	PART (a) DUE IO, OR AS A CONSE		covering to	c programme	· · · · · · · · · · · · · · · · · · ·	· Interval between anset and death
/	(R) Sife	cexelys.	vage it	and a	eculent	16 kx2.
\rightarrow	DUE TO, OR AS A CONSE	QUENCE OF		1	i	interval between onset and death
	(a) athex	i- sclerate	e Varie	eline 9	escase	years.
CAUSE OF DEATH		IONS-Conditions contributing t			1 (a) AUTOPSY	(Specify WAS CASE REFERRED TO
77.11					26. №О	27. NO
	ACC., SUICIDE, HOM, UNDET, DATE OR PENDING INVEST.	OF INJURY 'Mo., Day, Yr., HOL	R OF INJURY DE	ESCRIBE HOW INJURY		A second second
\	(Specify) 28s 28b.	28c.	M 28	3d.		
- \		E OF INJURY—At home, farm, s	rest factory, office LC	CATION.	STREET OR R. F.D	CITY OF TOWN STATE
1	286. 28f.	building, etc. (Spe	28	ig.		
					1	310.71-977
				1000		TO I
			VITAL RECO	ords 7	= 22	h. ···
				La	wrence = 1=	Mathera
		rtify that the above is		tcopy "By		
	of the certific	eate on file in this offi		Luer -		
	Date Issued:	JUL 7	1988		4, De Lity	
					BEACO & LINED	
周祖		(6 8 7	8 - 61 1	15" "51	1/16 6	
K 8 8 3 1 1 1 1	AND SECOND OF A SE	700			THE POSITION TO SELECT	