

FILED FOR RECORDING  
AT THE REQUEST OF

A.P.N.: 003-074-03  
File No: 152-2232385 (MJ)

*First American Title*

2003 JAN 20 PM 3 39

When Recorded, Mail Tax Statements To:  
Mr. James Doolin  
12806 SW Second Avenue  
Newberry, Fl. 32669

LINCOLN COUNTY RECORDER  
FEE 150  
LESLIE BOUCHER

**AFFIDAVIT - TERMINATING JOINT TENANCY**

**James A. Doolin**, of legal age, being first duly sworn, deposes and says:

That **Margariet B. Doolin**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Margariet B. Doolin** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **August 21, 1978** executed by **D.L. Gilbert and Virginia Gilbert** to **James A. Doolin and Margariet B. Doolin** as joint tenants, recorded as Document No. **62509** on **August 24, 1978** in Book **26, Page 523** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

**PARCEL 1:**

**LOT FOURTEEN (14) BLOCK (6) IN THE CITY OF CALIENTE, NEVADA**

*James A. Doolin*  
James A. Doolin Date

STATE OF ~~NEVADA~~ FLORIDA )  
:SS.  
COUNTY OF ~~WHITE PINE~~ ALACHUA )

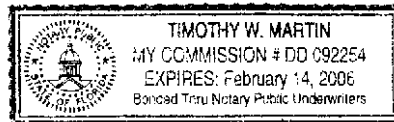
*10-29-05*

This instrument was acknowledged before me on  
*10-29-05* by

James A. Doolin

*Timothy W. Martin*  
Notary Public

(My commission expires: \_\_\_\_\_)



APR 2 2 2004

STATE OF UTAH - DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

2004 003986

Access to information on this form is limited under the Utah State Records Act and Public

LOCAL FILE NUMBER 11-052

STATE FILE NUMBER

33 1 112 DECEDENT 2900710 1 2 + 1 12	1. NAME OF DECEDENT FIRST MIDDLE LAST Margariet Bertha Doolin			2. SEX Female	3a. DATE OF DEATH (Mo., Day, Yr) April 16, 2004	3b. TIME OF DEATH (If known) 2215
	4. DATE OF BIRTH (Mo., Day, Yr) October 16, 1918		5. AGE - Last Birthday 85	6. BIRTHPLACE (City & State or Foreign Country) Rochester, New York	7. SOCIAL SECURITY NUMBER	
	8a. PLACE OF DEATH (Hospital, Nursing Home, etc.) Valley View Medical Center			8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of locality)		
	8c. CITY, TOWN OR LOCATION OF DEATH Cedar City			8d. COUNTY OF DEATH Iron		8e. SURVIVING SPOUSE (If wife, give maiden name) James A. Doolin
10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced		12a. DECEDENT'S USUAL OCCUPATION (Give title of work done during most of working life. Do NOT enter retired) Homemaker		12b. KIND OF BUSINESS OR INDUSTRY Own Home
13a. RESIDENCE - STREET AND NUMBER 50 Culverwell Street			13b. CITY, TOWN, OR COMMUNITY Caliente		13c. COUNTY Lincoln	13d. STATE Nevada
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, Specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)		15. RACE - Black, White, Am. Indian (Indicate race if other than White, Japanese, etc. (Specify) White		16. EDUCATION (Specify only highest grade completed) Secondary (9-12) College (13-16 or 17+) 12
17. FATHER'S NAME (First, Middle, Last) Gabriel Du'bisl			18. MAIDEN NAME OF MOTHER (First, Middle, Last) Bertha Ogelstyn			
19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT James A. Doolin Husband 50 Culverwell Street, P.O. Box 263 Caliente, NV 89008						
5 DISPOSITION 29	20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		21. DATE OF DISPOSITION Apr 20, 2004		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Conaway Memorial Veterans Cemetery	
	21c. LOCATION - City or Town, State Caliente, NV 89008					
22. SIGNATURE OF FUNERAL SERVICE OFFICER <i>Stephen H. Soren</i>		23. LICENSE NUMBER 112923		24. FUNERAL HOME (Name and address) Southern Utah Mortuary		
25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 4-16-04		26. If not certified by medical examiner, was death reported to M.E.? If yes, enter the date and hour reported. M.E. CASE NO. _____ HR _____ MO _____ DAY _____ YEAR _____		190 North 300 West Cedar City, Utah 84720		
1 CERTIFIER 359614 ②	27a. CERTIFIER <input type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.					
	27b. SIGNATURE AND TITLE OF CERTIFIER <i>Mark Hansen</i> Dr. Mark Hansen		27c. LICENSE NUMBER 98-358614-1205		27d. DATE SIGNED (Mo., Day, Yr.) 4-20-04	
28. Name and Address of Person Who Certified the Cause of Death (Item 31) (If applicable) 1303 N Main., Cedar City, UT 84720		29. REGISTRAR'S SIGNATURE <i>Barry E. Nangle</i>				
30. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr.)		31. DATE DEATH REPORTED TO REGISTRAR (Mo., Day, Yr.) APR 20 2004		32. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
33. PRIMARY ENTER THE DISEASE, INJURY, OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. a. <i>Diverticulitis</i> b. _____ c. _____ d. _____						
4-14 CAUSE OF DEATH 5	34. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undetermined <input type="checkbox"/> 6. Pending Investigation		35. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. Probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 6. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 7. YES <input type="checkbox"/> 4. Is unknown in relation to the cause of death.		36. WILL ANY AUTOPSY BE PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
	37. WORK AUTHORITY PROVIDED PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		38. WORK AUTHORITY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No			
39. DATE OF INJURY (Mo., Day, Yr.)		39b. TIME OF INJURY (24 Hour Clock)		39c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		
40. LOCATION (Street or other route number, city or town, county and state.)		41. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)				
42. DESCRIBE HOW INJURY OCCURRED (Give residence or works which occurred if injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31).		43. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.				

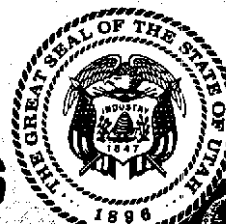
This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

OCT 31 2005

*Barry E Nangle*

Barry E. Nangle  
DIRECTOR OF VITAL RECORDS



SDH-BVR 94 (9/96)

SL50138129



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