

126542

FILED FOR RECORDING
AT THE REQUEST OF

First American Title

2008 MAY 19 PM 12 50

LINCOLN COUNTY RECORDER
FEE \$6.00
LESLIE BOUCHER

A.P.N.: 002-011-03 and 002-011-08
File No: 152-2267316 (MJ)

When Recorded return to, and mail Tax Statements to:
Barry Craig Isom
P.O. Box 428
Panaca, NV 89042

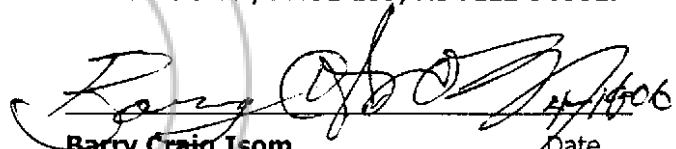
AFFIDAVIT - TERMINATING JOINT TENANCY

Barry Crai Isom, of legal age, being first duly sworn, deposes and says:

That **Linda Isom**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Linda H. Isom** named as one of the parties in that certain **Grant Bargain and Sale Deed** dated **June 1, 1987** executed by **Chester H. Oxborrow and Josephine Oxborrow Trustees of the Family Trust under agreement dated August 21, 1972** to **Barry Craig Isom and Linda H. Isom, husband and wife** as joint tenants, recorded as Document No. **87079** on **June 8, 1987** in Book **75 Page 459** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

THAT PORTION OF THE SOUTHEAST QUARTER (SE 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF SECTION 5, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B. AND M., LINCOLN COUNTY, NEVADA DESCRIBED AS FOLLOWS:

PARCEL 2, AS SHOWN UPON PARCEL MAP FOR THE FIRST NATIONAL BANK OF LAYTON, UTAH RECORDED MAY 6, 1986 IN PLAT BOOK A, PAGE 259, AS FILE 84881.


Barry Craig Isom Date

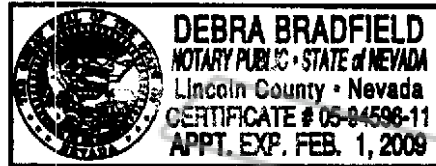
STATE OF **NEVADA**)
)
) :SS.
)
COUNTY OF **LINCOLN**)

This instrument was acknowledged before me on
April 18, 2006 by

Barry Craig Isom

Debra Bradford
Notary Public

(My commission expires:
Feb 1, 2009)



COPY

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

2002 0004778

Altered

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	STATE FILE NUMBER
1. Linda ISOM		2. March 3, 2002		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)	SEX
3b. Caliente		3c. Grover C. Dils Medical Center		3e. Emergency Room 2	4. Female
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.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 53	7b.	7c.	8. April 25, 1948
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)	SURVIVING SPOUSE (If wife, give maiden name)	
9a. Utah	9b. U.S.A.	10. 12	11. Married	12. Barry Isom	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]	14a. Accounting Specialist	14b. Nevada State Parks			
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)	
15a. Nevada	15b. Lincoln	15c. Panaca	15d. 220 Blad Street	15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
16. Clarence Hansen		17. Joan Forsyth			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
18a. Barry Isom		18b. P.O. Box 428 Panaca, Nevada 89042			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
19a. Burial		19b. Panaca Cemetery		19c. Panaca Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY		
20a. [Signature]		20b. 15	20c. 730 Front Street Caliente, Nevada 89008 09		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.			
(Signature and Title)		(Signature and Title)			
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
21b.		21c.			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)	
21d.		22b. 04-17-02		22c. 2233	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		22d. ON 03-03-02		22e. AT 2233	
23a. William J. Garza; P.O. Box 570 Pioche, Nevada 89043		LICENSE NUMBER		23b.	
REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]	24b. 04-17-02	24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death			
PART I (a) Pending Toxicology		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)		
Myocardial Fibrosis of unknown etiology		28. Yes	27. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
28a.	28b.	28c. M	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.			

Information corrected, State Affidavit #39495, 8/27/02. No. 177140
Item #25a. Dilated Cardiomyopathy

STATE REGISTRAR

Gyonna Sylva

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

Date Issued: AUG 27 2002

BOOK 217 PAGE 49
State Registrar

