APN: 001 - 031 - 04

MAIL TAX STATEMENTS TO:

Thomas E. Brown 2017 Terrace Circle Elko, Nevada 89801 FILED FOR RECORDING AT THE REQUEST OF

Thanks E Brews 2006 MAY 26 PM 1 26

FEE / LCO DEFOLL

LESLIE BOUCHER

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

ss.

COUNTY OF FLKOTO

[INCOLOR!

THOMAS BROWN, being duly sworn according to law and under penalty of perjury, deposes and says:

- 1. That DOROTHY K. ADAMS, THOMAS E. BROWN and DAWNA K. LAMB, are the surviving joint tenants in and to the property hereinafter described.
- 2. That VIRGINIA K. GORDON, LEWIS M. GORDON, DOROTHY K. ADAMS, THOMAS E. BROWN and DAWNA K. LAMB acquired the following described property as joint tenants with right of survivorship and not as tenants in common, by the that certain Deed dated November 30, 1982, which is recorded as Instrument No. 76540 in Book 52, Page 437 of the Lincoln County Recorder, Lincoln County, Nevada, said property being more particularly described as follows:

Lots 18, 19, 20 and 21 in Block numbered 42, as said lots and block are delineated on the official plat book of the Town of Pioche, said plat book being on file in the office of the County Recorder of Lincoln County, Nevada. Including all improvements on said lot and all furniture and appliances now on the property.

TOGETHER WITH all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

3. That VIRGINIA K. GORDON, LEWIS M. GORDON, DOROTHY K. ADAMS, THOMAS E. BROWN and DAWNA K. LAMB acquired the following described property as joint tenants with right of survivorship and not as tenants in common, by the that certain Deed dated December 1, 1982, which is recorded as Instrument No. 76542 in Book 52, Page 438 of the Lincoln County Recorder, Lincoln County, Nevada, said property being more particularly described as follows:

Lots Numbered Sixteen (16) and Seventeen (17) in Block Numbered Forty-two (42) as said lot and block are delineated on the official plat of Supplement "A" to the Town of Pioche, Nevada, now on file and of record in the office of the County Recorder of said Lincoln County, and to which plat and the records thereof reference is hereby made for further description.

Together with all singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

- 4. That the interest of LEWIS M. GORDON, deceased, in all of the above-described properties was terminated by operation of law upon the recording of the Affidavit Death of Joint Tenant which was recorded as Instrument No. 86623 in Book 74, Page 376, of the Lincoln County Recorder, Lincoln County, Nevada.
- 5. That VIRGINIA K. GORDON, being one of the persons described in the foregoing described deeds as grantee and joint tenant, died in the County of Lincoln, State of Nevada, on the 21st day of May, 1997. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit and made a part hereof.
- 6. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and estate of said VIRGINIA K. GORDON, the deceased joint tenant, in and to the foregoing described properties, and vesting title thereto solely in DOROTHY K. ADAMS, THOMAS E. BROWN and DAWNA K. LAMB, as the surviving joint tenants under the Deeds.

Lhomus 3. D.O. THOMAS E. BROWN

STATE OF NEVADA

COUNTY OF THE COUNTY

On the day of May, 2006, personally appeared before me, a Notary Public, THOMAS E. BROWN, personally known to me or proven to me to be the person whose name is subscribed to the above instrument and who acknowledge that he executed said instrument.

NOTARY PUBLIC



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		į				STATE FILE NUMBER	
_		LOCAL FILE NUMBER CEASED—NAME First Middle		Last DATE OF DEATH (Month, D		COUNTY OF DEATH	
NT T	Virginia Catherine		GORDON		May 21, 1997	3a. Lincoln	
ENT INK	city, TOWN, OR LOCATION OF	DEATH THOSPITAL OR OTHE	e son II) emaN—NOITUTITZNI R		and number) If Hosp, or Inst. indic	cate DOA, OP/Emer. SEX	
					Titl, tripation (open		
ENT	3b. Caliente	3c. Grover	C. Dils Medica	Lage	UNDER 1 YEAR UNDER		
	RACE-(e.g., White, Black, Americ Indian, etc) (Specify)	san Was Decedent of Hispanic Qu specify Mexican, Cuban, Puer	ily McXical , Cocci, I daile I mean and		MOS : DAYS HOURS :	March 9, 1928	
	5. White	6.		7a. 69	76	SURVIVING SPOUSE (If wife, give maiden	
н	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNT	OTIZEN OF WHAT COUNTRY 9b. U. S. A. USUAL OCCUPATION (Give Kind of Work Done During Mc Working Life, Even if Retired)		WIDOWED DIVORCED		
N.C	9a California	9b. U.S.A.			(Specify) Widowed 12		
BOOK NG	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (C			KIND OF BUSINESS OR INDUSTRY	\	
N OF ITEMS	13.	148 Housewi			146. Homemaker		
	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATIO	N	STREET AND NUMBER	INSIDE CITY LIMITS (Specity Yes or No)	
┕⋺│	15aNevada	150. Lincoln	15c. Pioche		15d 7 Silver	Street 50 Yes	
>	FATHER—NAME First	Middle		THER-MAIDEN	NAME First	Middle Last	
NTS		ית	stoni 17		Virginia	Tira	
	16. Pietro		stoni 17 MAILING ADDRESS		(Street or R.F.D. No., City or Town		
	INFCRMANT—NAME (Type or Pri		- F	-			
[18a. Thomas E. Brown 18b. 2017 Terrace Circle Elko, Nevada 89801						
	BURIAL, CREMATION, REMOVA	L, OTHER (Specify) CEMETI	ERY OR CREMATORY—NAME	N	/ /	,	
	19a Burial	19b. S	t. Lawrence Ce			e, Nevada	
TION	FUNERAL DIRECTOR—SIGNATURE FUNERAL DIRECTOR NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home						
ĺ	20a 20a 15 20c.P.O. Box 994 Caliente, Nevada 89008						
>	22a. On the basis of examination and/or investigation, in my opinion death occurred						
	218 due to the cause(s) single point of the c	~ " " " " " " " " " " " " " " " " " " "	MD.	à g (ev	gnature and Title) TE SIGNED (Mo., Day, Yr.) ONOUNCED DEAD (Mo., Day, Yr.)		
	(Signature and Title)		76.	# B B DA	TE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
	EO E CO CO		The state of the s	E 9 33		22c.	
नान:	21b. 5-22-97	21c. 114 G PHYSICIAN IF OTHER THAN CER	79.	- B 5 50	ONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)	
	DE NAME OF ALTERDIN	S PHYSICIAN IF OTHER THAN CER	THEIR PLANE OF CHAINS	°°			
	일 <u>21d.</u>			220	t. ON	22e. AT	
1	NAME AND ADDRES	OF CERTIFIER (PHYSICIAN, ATTE	74.	76	367		
	23a. Farhana	Kamal MD; 2.0.	Box 30 Calie	nte, Ne	vada 89008	23b. 7903	
RNOF	REGISTRAR	- Cot	DATE RECEI	VED BY REGIST	RAR (Mo.: Day, Yr.) DEATH DUE TO	COMMUNICABLE DISEASE	
NY GAVE	24a. (Signature)	rum D. St. Zino	240. 5-2	2-97	24c. YES □		
TO NATE	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					interval between onset and dea	
SE 3 THE	Cardio-	Pulmonary Arres	t			Immediate	
LYING LAST						 Interval between onset and dea 	
	Cardine	Ventricular Ar	rhythmia			Minutes	
/>	(b) Cardiac Ventricular Arrhythmia : Minutes Due to, or as a consequence of : Interval between onset and dea						
' /	Vanua -						
E OF		osclerotic Heart CONDITIONS—Canadions contribution		Lundariung cause	e given in Part I. AUTOPSY (Specify WAS CASE REFERRED TO	
TH	PART OTHER SIGNIFICANT	CONDITIONS—Canditions contribution	ing to death but not resulting in the	and anying caus	Yes	or No. CORONER (Specify Yes or No.)	
	ji				26. No	27. No	
l.	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mc., Day, Yr.)	OUR OF INJURY DESC	AIBE HOW INJU	HY OCCURRED		
1	(Specify) 28b. 28c. M 28d.						
LΓ	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY At home, farm building, etc. (TION.	STREET OR R.F.D. No.	CITY OR TOWN STATE	
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7		/ /	STATE REGIS	STDAP		No. 103593	
34	Se Ot BE		STATE REGI	* · · · · · · · · · · · · · · · · · · ·			



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

Date issued:

JUN 06 1997

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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