

126581

APN: 001-032-04
001-032-05

FILED FOR RECORDING
AT THE REQUEST OF

MAIL TAX STATEMENTS TO:
Thomas E. Brown
2017 Terrace Circle
Elko, Nevada 89801

Thomas E Brown
2006 MAY 26 PM 1 26

LINCOLN COUNTY RECORDER
FEE 16.00
LESLIE BOUCHER

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)
) ss.
COUNTY OF ~~ELKO~~)
 LINCOLN)

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:

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

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last 1. Virginia Catherine GORDON	DATE OF DEATH (Month, Day, Year) 2. May 21, 1997	STATE FILE NUMBER
		CITY, TOWN, OR LOCATION OF DEATH 3b. Caliente	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dils Medical Center	If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient (Specify) 3e. Emer. Rm.
		RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 69
		STATE OF BIRTH (If not U.S.A., name country) 9a. California	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12
		SOCIAL SECURITY NUMBER 13. [REDACTED]	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. Homemaker
		RESIDENCE—STATE 15a. Nevada	COUNTY 15c. Lincoln	CITY, TOWN, OR LOCATION 15d. Pioche
		FATHER—NAME First Middle Last 16. Pietro Pistoni	MOTHER—MAIDEN NAME First Middle Last 17. Virginia Tira	
		INFORMANT—NAME (Type or Print) 18a. Thomas E. Brown	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 2017 Terrace Circle Elko, Nevada 89801	
		BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. St. Lawrence Cemetery	LOCATION City or Town State 19c. Pioche, Nevada
		FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. P.O. Box 994 Caliente, Nevada 89008
		21a. In the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> MD.	DATE SIGNED (Mo., Day, Yr.) 21b. 5-22-97	HOUR OF DEATH 21c. 1140
		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) <i>[Signature]</i>	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
		21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Farhana Kamal MD; P.O. Box 30 Caliente, Nevada 89008	LICENSE NUMBER 23b. 7903	
		REGISTRAR <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 5-22-97	DEATH DUE TO COMMUNICABLE DISEASE 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) Cardio-Pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF		Immediate
		(b) Cardiac Ventricular Arrhythmia DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death
		(c) Arteriosclerotic Heart Disease		Minutes
		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) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No
		ACID, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M
		INJURY AT WORK (Specify Yes or No) 28a.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

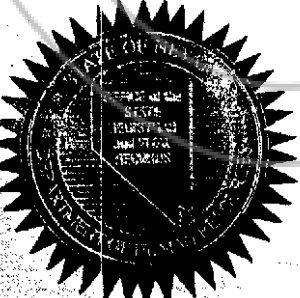
PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH



STATE REGISTRAR

No. 103593

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

[Signature: Yvonne Sylva]
BOOK 1217 PAGE 230
State Registrar