

DOC # 0128257

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02:29 PM

**Official Record**

Recording requested By  
THOMAS E. BROWN

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$42.00

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RPTT:

Recorded By: RE

Book- 228 Page- 0175



0128257

APN 004-035-11

APN \_\_\_\_\_

APN \_\_\_\_\_

AFFIDAVIT TERMINATING JOINT TENANCY

Title of Document

Affirmation Statement

\_\_\_\_ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

(State specific law)

Tom E. Brown  
Signature Title

Tom E. Brown  
Signature

1-22-07  
Date

Grantees address and mail tax statement:

TOM BROWN  
2017 TERRACE CIRCLE  
ELKO, NV. 89801



FILE NO. 001-033-11

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA            )  
  :SS.  
COUNTY OF ~~LINCOLN~~    )  
  CLARK

Charles Guy Cottino, being duly sworn according to law and under penalty of perjury, deposes and says:

1. That Charles Guy Cottino is the surviving joint tenant in and to the property hereinafter described.
2. That Charles Guy Cottino and Victor Cottino acquired the following described property as joint tenants with right of survivorship and not as tenants in common, by the that certain Deed dated July 11, 1977, which is recorded as Instrument No. 59911 in Book 21, Page 141 of the Lincoln County Recorder, Lincoln County, Nevada, and said property being more particularly described as follows:

Lots 17 and 18 in Block Numbered Thirty-nine (39), in the town of Pioche, as said lots and blocks are delineated on the official plat of the Supplement "A" Pioche Townsite, now on file and of record in the office of the County Recorder of said Lincoln County, and to which said plat and the records thereof reference is hereby made for further particular description.  
Together with any and all improvements and buildings situated thereon and the contents therein.

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

3. That Victor Cottino, being one of the persons described in the foregoing described deed as grantee and joint tenant, died in the County of Lincoln, State of Nevada, on the 3rd day of August, 1985. A certified copy of the Death Certificate of said Decedent is attached to this Affidavit and made a part hereof.





# 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

85-005021

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN DEPARTMENT OF HUMAN RESOURCES, PLEASE PRINT NUMBER OF DEPARTMENT OF HUMAN RESOURCES

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH

CAUSE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME		MIDDLE		LAST		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
		Victor		Albert		COTTINO		Aug. 3, 1985		Lincoln	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name if not either, give street and number)						INSIDE CITY LIMITS (Specify Yes or No)		IF BIRTH OR DEATH OCCURRED IN U.S.A. (Specify Yes or No)	
Callente		Grover C. Dils Medical Center						Yes		Lincoln	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		ETHNIC		AGE—Last Birthday (Years)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)	
White				14		MO. DAY		HOURS MIN.		May 8, 1911	
STATE OF BIRTH (If not U.S.A., give country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, DIVORCED, WIDOWED		SURVIVING SPOUSE (If with, give maiden name)		MARRIED		Agnes Slaughter	
Nevada		U.S.A.		Married						Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of Working Life, when it existed)				KIND OF BUSINESS OR INDUSTRY					
		14a. Cattleman				14b. Cattle					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)			
Nevada		Lincoln		Pioche		Main Street		Yes			
FATHER—NAME		MIDDLE		LAST		MOTHER—MAIDEN NAME		FIRST		MIDDLE	
Guido				Cottino		Virginia				Faye	
INFORMANT—NAME (Type or Print)				MARITAL ADDRESS (Street or R.F.D. No., City or Town, State, Zip)							
Guy Cottino (Son)				17b. 4790 Castle Rock, Las Vegas, Nevada 89117							
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME				LOCATION—City or Town, State					
Burial		I.O.O.F. Cemetery				Pioche Nevada					
FUNERAL DIRECTOR (Name of Person Acting as Such)		NAME AND ADDRESS OF FACILITY									
J.P. Williams		Lincoln County Mortuary Box 236 Callente, Nevada 89008									
21a. Signature and Title of Certifier		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		21b. Signature and Title of Physician		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
J. Williams M.D.		Aug 3, 85		12:20 A.M.							
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. PRONOUNCED DEAD (Mo., Day, Yr.)		21f. PRONOUNCED DEAD (Mo., Day, Yr.)		21g. ON		21h. AT	
Joseph Wilkin M.D. P.O. Box 472 Paria, Nevada 89042											
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE		24a. YES <input type="checkbox"/>		24b. NO <input checked="" type="checkbox"/>			
J. Williams M.D.		August 3, 85									
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART (a)		PART (b)		PART (c)		INTERVAL BETWEEN ONSET AND DEATH			
		i) Cardiac pulmonary arrest		ii) acute myocardial infarction		iii) Coronary artery disease		1 hr		1 day	
		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH		years	
		OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART 1 (a))		25. AUTOPEY (Specify Yes or No)		26. YES <input type="checkbox"/>		27. NO <input checked="" type="checkbox"/>			
ALL SUICIDE, HOMICIDE, OR FENCING INVEST. (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED		25. NO		27. NO	
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	

VITAL RECORDS

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

Date issued: JAN 23 1987

Deputy

NO 42370

*J. Williams*



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT