

DOC # 0128323

01/31/2007 04:17 PM

**Official Record**

Recording requested by  
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 228 Page- 0481

APN# 002-031-09

**Recording Requested by:**

Name: First American Title Insurance Company

Address: 768 Ashman Street

City/State/Zip: Ely, NV 89301

Order Number: 152-2305037



0128323

Affidavit - Death of Trustee

(for Recorder's use only)

(Title of Document)

**Recorder Affirmation Statement**

Please complete Affirmation Statement below:

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)

-OR-

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: NRS 440.380

(State specific law)

Alison Long Recorder  
Signature Title

Alison Long  
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1-2 and NRS 239B.030 Section 4.

(Additional recording fee applies)



A.P.N.: 002-031-09  
File No: 152-2305037 (MJ)

When Recorded return to, and mail Tax Statements to:  
Robert L. Mathews  
P. O. Box 328  
Panaca, NV. 89042

**AFFIDAVIT - TERMINATING JOINT TENANCY**

Robert J. Mathews, of legal age, being first duly sworn, deposes and says:

That **Lester C. Mathews**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Lester C. Mathews** named as one of the parties in that certain **Warranty Deed (Nevada)** dated **May 9, 1949** executed by **Lester C. Mathews, Lester Mathews and Lorene W. Mathews** to **Lester C. Mathews and Lorene W. Mathews, husband and wife** as joint tenants, recorded as Document No. **24761** on **June 10, 1949** in Book **H1, Page 352** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

**Lot Four (4) in Block Twenty-Two and the East Half of Lot Two (2) in Block Twenty-Three, in Panaca Town, as said Lots and Blocks are delineated on the Official Plat of said Town. Saving and excepting therefrom all State and County roads and highways.**

Robert J Mathews - 31 Jan 07  
Robert J. Mathews Date

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

This instrument was acknowledged before me on  
31 January 2007 by

Robert J. Mathews  
Elisha Baker  
Notary Public  
(My commission expires: 11-9-2008 )



**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**

TYPE OR PRINT IN PERMANENT BLACK INK.

DECEDENT

IF DEATH OCCURRED IN INSTITUTION, SEE INSTRUCTIONS REVERSE OF COMPLETION OF RESIDENCE FORM

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 1. <b>Lester C. MATHEWS</b>		DATE OF DEATH (Month, Day, Year) 2. <b>Oct 30, 1989</b>		STATE FILE NUMBER COUNTY OF DEATH 3a. <b>Lincoln</b>	
CITY, TOWN, OR LOCATION OF DEATH 3a. <b>Panaca</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3b. <b>North 3rd. St. (Residence)</b>		If Hosp. or Inst. indicate DOA, OVI, Etc. (Specify) 3c. <b>Male</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. <b>White</b>		Was Decedent of Hispanic Origin? Specify (Yes or No) if yes, specify Mexican, Cuban, Puerto Rican, etc. 6. <b>No</b>		AGE—Last Birthday (Years) 7a. <b>69</b>	
STATE OF BIRTH (if not U.S.A., name country) 8a. <b>Nevada</b>		CITIZEN OF WHAT COUNTRY 8b. <b>U.S.A.</b>		DECEDENT'S EDUCATION—Specify Highest Grade Completed 9. <b>13</b>	
SOCIAL SECURITY NUMBER 13. <b>[REDACTED]</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. <b>Farmer</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. <b>Married</b>	
RESIDENCE—STATE 15a. <b>Nevada</b>		CITY, TOWN, OR LOCATION 15c. <b>Panaca</b>		STREET AND NUMBER 15d. <b>No. 3rd. St.</b>	
FATHER—NAME 16. <b>Charles P. Mathews</b>		MOTHER—Maiden Name 17. <b>Edessa Lee</b>		SURVIVING SPOUSE (if wid., give maiden name) 12. <b>Lorena Wright</b>	
INFORMANT—NAME (Type or Print) 18a. <b>Lorena W. Mathews (Widow)</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. <b>Panaca, Nevada 89042</b>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—NAME 19b. <b>Panaca Cemetery</b>		LOCATION—City or Town, State 19c. <b>Panaca Nevada</b>	
FUNERAL DIRECTOR—SIGNATURE (Type or Print) 20a. <b>[Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER 20b. <b>15</b>		NAME AND ADDRESS OF FACILITY 20c. <b>P.O. Box 236 Caliente, Nevada 89008</b>	
21a. <b>Nov. 3, 1989</b>		21c. <b>23:15 Hrs.</b>		22a. <b>ON</b>	
21b. <b>Nov. 3, 1989</b>		21d. <b>23:15 Hrs.</b>		22b. <b>AT</b>	
21e. <b>Joseph D. Wilkin M.D.</b>		21f. <b>P.O. Box 472 Panaca, Nevada 89042</b>		21g. <b>3849</b>	
23a. <b>[Signature]</b>		23b. <b>Nov. 3, 1989</b>		23c. <b>NO</b>	
24a. <b>Cardiopulmonary arrest</b>		24b. <b>Coronary Artery Dis</b>		Interval between onset and death <b>Minutes</b>	
24c. <b>Year</b>		24d. <b>Year</b>		Interval between onset and death <b>Year</b>	
24e. <b>Year</b>		24f. <b>Year</b>		Interval between onset and death <b>Year</b>	
25a. <b>No</b>		25b. <b>No</b>		25c. <b>Yes</b>	
26a. <b>No</b>		26b. <b>No</b>		26c. <b>No</b>	
27a. <b>No</b>		27b. <b>No</b>		27c. <b>No</b>	
28a. <b>No</b>		28b. <b>No</b>		28c. <b>No</b>	

STATE REGISTRAR

No. 010592

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

By:

*[Signature]*  
 Deputy Registrar

Date issued: **NOV 06 1989**



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT