

DOC # 0130672

12/13/2007

03:36 PM

Official Record

Recording requested By
WHIPPLE ATTORNEY AT LAW

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 238 Page-

0072

APN:

Parcel no. 006-231-12



0130672

Affidavit Terminating Joint Tenancy

Type of Document

Recording requested by:

when recorded mail tax statement to:

when recorded mail to:

Mr. James A. Thompson

HC 74 Box 262-1

Pioche, Nevada 89043

The Attached Certificate of Death does contain the social security number of the deceased.

Annie Bailey

An employee of Bret Whipple.



AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
)ss.
COUNTY OF LINCOLN)

James A. Thompson, HC 74 Box 262-1, Pioche, Nevada 89043, being first duly sworn, deposes and says: That affiant is over the age of age of eighteen (18) years and competent to be a witness as to the matters hereinafter state.

That Dorothy Moore Thompson, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorothy M. Thompson, named as one of the parties in that certain GRANT, BARGAIN, and SALE DEED dated December 6, 1985. Mother and son as joint tenants as recorded as Book/Instrument Parcel no. 006-231-12, Book 69 Page 55 in the office of the County Recorder of Lincoln County, State of Nevada, covering the following described property situated in the, County of Lincoln, State of Nevada, and more particularly described as:

A portion of land in the SW1/4 NE1/4 Section 35, Township 2 North, Range 69 East, M.D.M. Lincoln County, Nevada being more particularly described as follows: Beginning at a point from which the Center of said Section 35 bears S 47°51'10" W 676.52 feet said Center of Section being marked with a rebar and aluminum cap stamped OWENS PLS 2884;
Thence N 02°40'50" E 164.05 feet to a rebar with plastic cap stamped OWENS PLS 2884;
Thence S 60°48'35" E 82.33 feet to a rebar with plastic cap stamped OWENS PLS 2884;
Thence S 89°51'42" E 223.15 feet;
Thence S 00°08'18" W 140.28 feet;
Thence N 89°51'42" W 303.33 feet to the point of beginning.
Containing 43,560 sq. ft. more or less
The basis of bearing being the east line of the said SW1/4 NE1/4 Shown in Record of Survey Boundary Line Adjustment in Plat Book B, Page 410 as N 01°56'43" W

IN WITNESS WHEREOF, I have hereunto set my hand this 3 day of ~~November~~, 2007.
December

James A. Thompson

Subscribed and sworn to before me this 3rd day of December 2007.

NOTARY PUBLIC, In and for said
County and State





DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006005047
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME FIRST Dorothy			1b. MIDDLE Moore			1c. LAST THOMPSON			2. DATE OF DEATH (Mo/Day/Year) December 14, 2006			3a. COUNTY OF DEATH Lincoln					
3b. CITY, TOWN, OR LOCATION OF DEATH Ursine			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Eagle Valley Resort						3e. If Hoop. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX Female					
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 83			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 21, 1923				
9a. STATE OF BIRTH (If not U.S.A., name country) Alabama			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self-employed						14b. KIND OF BUSINESS OR INDUSTRY Resort								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Pioche			15d. STREET AND NUMBER HC 74 Box 262-1			15e. INSIDE CITY LIMITS (Specify Yes or No) No					
16. FATHER - NAME (First Middle Last Suffix)						17. MOTHER - NAME (First Middle Last Suffix)											
18a. INFORMANT - NAME (Type or Print) James THOMPSON						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 74 Box 262-1 Pioche, Nevada 89043											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation						19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory			19c. LOCATION City or Town State Cedar City Utah								
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 807			20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008								
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) SIGNATURE AUTHENTICATED RICHARD WILLIAM KATSCHKE JR. M.D.						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) stated. (Signature & Title)											
21b. DATE SIGNED (Mo/Day/Yr) December 15, 2006			21c. HOUR OF DEATH 11:15			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)						22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard William Katschke Jr. M.D. P.o. Box 1010 Caliente, NV 89008									23b. LICENSE NUMBER 10509								
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 16, 2006			24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)																	
PART I (a) Cardiac failure						Interval between onset and death Weeks											
(b) DUE TO, OR AS A CONSEQUENCE OF: Non-Hodgkins lymphoma						Interval between onset and death Years											
(c) DUE TO, OR AS A CONSEQUENCE OF:						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.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED								
28e. INJURY AT WORK (Specify Yes or No)			28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)			28g. LOCATION			STREET OR R.F.D. No.			CITY OR TOWN			STATE		

STATE REGISTRAR



156436

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 02/01/2007

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

[Signature]
SIGNATURE AUTHENTICATED
STATE REGISTRAR

