

DOC # 0130673

12/13/2007

03:37 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- 0075

APN:

Parcel no. 006-231-10,



0130673

**Affidavit Terminating Joint Tenancy**

Type of Document

Recording requested by:

when recorded mail tax statement to:

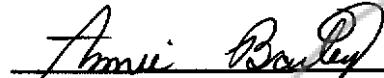
when recorded mail to:

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.**



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 January 14, 1970. Mother and son as joint tenants as recorded as Book/Instrument Parcel no. 006-231-10, Book N-1, Page 493 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 parcel of land in the SW1/4 NE1/4 Section 35, Township 2 North. R. 69 E. M.D.M. Lincoln County, Nevada , being more particularly described as follows: Beginning at the SW Cor. of said parcel of land. said point being the C1/4 Cor. Of said Sec. 35:

- Thence N. 02°10'05"W. a distance of 649.29 feet to the NW Cor. of said parcel:
  - Thence S. 86°39'49"E. a distance of 148.99 feet to the NE Cor. Of said parcel:
  - Thence S. 00°01'21" W. a distance of 352.64 feet to an existing fence corner, and angle point is said parcel:
  - Thence S. 05°40'49" W. along an existing fence line a distance of 287.52 to an existing fence corner and point of intersection with the southerly boundary of the said SW1/4 NE1/4:
  - Thence S. 89°09'11"W. along said southerly boundary a distance of 95.57 feet to the point of beginning:
- Containing 83,640 Sq. Ft. more or less.

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





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# NEVADA VITAL RECORD

## 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 Dorthy			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 Hosp. 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



QSRB1004-Rev-E2

156437

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 AUTHENTICATED  
STATE REGISTRAR

