

Official Record

Recording requested By  
WILLIAM T. CANTRELL

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 3  
RPTT: Recorded By: AE  
Book- 244 Page- 0521



This document prepared by )  
(and after recording please return to): )  
Name: Daniel M. Hooge, Esq. )  
Address: P.O. Box 532 )  
City, State, Zip: Caliente, NV 89008 )  
Phone: 775-962-2665 )  
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Assessor's Parcel No. = 003-091-04

**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )  
) :ss  
LINCOLN COUNTY )

**WILLIAM T. CANTRELL**, being first duly sworn, deposes and states:

1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. This affidavit relates to the deed dated 5/17/1999, and recorded on 5/17/1999, as Instrument No. 112803, in Book 141, Page 589, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is more particularly described as follows: The East Half (E1/2) of Lot 26, and all of Lot 27, in the Lincoln Park Addition of the City of Caliente, County of Lincoln, State of Nevada, as said lots and addition are described and delineated on the Official plat of The City of Caliente, on file and of record in the office of the County Recorder at Pioche, Nevada, reference to which said plat is hereby made for more particular details, and Assessor's Parcel Number 003-091-04.
4. **WILFORD L. CANTRELL** ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
5. The decedent was my father.



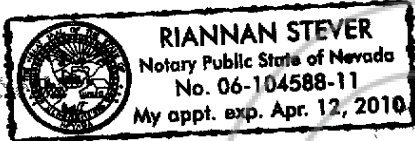
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting in **WILLIAM T. CANTRELL and BARBARA JOE EDWARDS**, as Joint tenants with right of survivorship.

DATED this the 19<sup>th</sup> day of September, 2008.

William T. Cantrell  
William T. Cantrell

SUBSCRIBED AND SWORN to before me on this 19<sup>th</sup> day of September 2008 by **William T. Cantrell**.

Riann Stever  
Notary Public



My Commission Expires:

Apr. 12 2010



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STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

2008012363  
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,MIDDLE,LAST,SUFFIX) <b>Wilford Lee CANTRELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 22, 2008</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) / <b>Inpatient</b>	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>87</b>	
7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 05, 1921</b>	
9a. STATE OF BIRTH (If not U.S.A., name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		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) <b>Machinist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Aeronautical</b>		Ever in US Armed Forces? <b>No</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>411 McArthur Drive</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Andrew CANTRELL</b>	
16. MOTHER - NAME (First Middle Last Suffix) <b>Evie THOMAS</b>		18a. INFORMANT - NAME (Type or Print) <b>Barbara SCHERER</b>		18b. MAILING ADDRESS (Street, R.F.D., City or Town, State, Zip) <b>PO Box 603 Brandon, Oregon 97411</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Print, Action as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE <b>897</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 30 Front Street Caliente NV 89008</b>	
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) <b>RICHARD WILLIAM KATSCHKE JR. M.D.</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>July 27, 2008</b>		21c. HOUR OF DEATH <b>03:20</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)	
22a. PRONOUNCED DEAD (Mo/Day/Yr)		22b. PRONOUNCED DEAD AT (Hour)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING NURSE, NURSE, EXAMINER, OR CORONER) (Type or Print) <b>Richard William Katschke Jr. M.D. 700 Box 610 Delano, NV 89008</b>		23b. LICENSE NUMBER <b>10509</b>		24. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) <b>TODD BOYER</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>08-21-2008</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR LIST (a), (b), (c), (d)) PART I (a) <b>Multiorgan Failure</b> (b) <b>Abdominal Aortic Aneurysm</b> (c) <b>Hypertension</b> (d)		Interval between onset and death		Interval between onset and death	
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

225620

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:

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

PRNCO (REV) 1/14/06

09/19/2008

*[Signature]*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

