

Official Record

Recording requested By
SALLY ANN DAUGHERTY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$41.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 245 Page- 0416



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. = 003-132-18

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
) :ss
LINCOLN COUNTY)

Sally Ann Daugherty, 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 9/20/2005, and recorded on 9/23/2005, as Instrument No. 125272, in Book 206, Pages 426-429, 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: Lots 20 and 21 in Block "B" of the James H. Gottfredson Addition to the City of Caliente, County of Lincoln, State of Nevada, and Assessor's Parcel Number 003-132-18.
4. **Jesse Witz, Jr.** ("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.



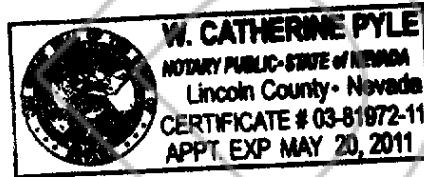
6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in **Sally Ann Daugherty**, as her sole and separate property.

DATED this the 17 day of October 2008.

Sally Ann Daugherty
Sally Ann Daugherty

SUBSCRIBED AND SWORN to before me on
this 17 day of October 2008
by **Sally Ann Daugherty**.

W. Catherine Pyle
Notary Public



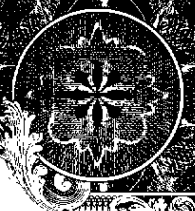
(Seal)

My Commission Expires:

May 20, 2011



NEVADA
OF VITAL RECORD



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2008004727
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) Jesse WITZ JR		2. DATE OF DEATH (Mo/Day/Year) March 19, 2008		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Valley Hospital Medical Center		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 89		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 03, 1918		9a. STATE OF BIRTH (If not U.S.A., name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Physician		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 882 Lincoln Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Jesse WITZ SR	
17. MOTHER - NAME (First Middle Last Suffix) Henrietta HOTCHKISS		18a. INFORMANT - NAME (Type or Print) Sally DAUGHERTY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P O Box 12- 882 Lincoln Street Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Nevada Montuary		19c. LOCATION City or Town State Caliente Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES LONG SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 601		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
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) MIKE BURNUM MD SIGNATURE AUTHENTICATED		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) March 25, 2008		21c. HOUR OF DEATH 20:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) D. Houston		22c. HOUR OF DEATH		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) MIKE BURNUM MD 620 Shadow Ln Las Vegas, NV 89106			
23b. LICENSE NUMBER 10602		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 26, 2008		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) Cardiopulmonary arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		27. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. INJURY AT WORK (Specify Yes or No)			
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No.		28d. CITY OR TOWN STATE	

STATE REGISTRAR

Information Corrected, State Affidavit# 49411, 05/30/2008 - 11

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215013 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: **MAY 30 2008**

STATE REGISTRAR

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

PHNCO (Rev) 11/06

