

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$41.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 245 Page- 0530

A.P.N.: 002-052-03
File No: 121-2355088 (CMR)



When Recorded return to, and mail Tax Statements to:
Brian Hannig
313 North Second St.
Panaca, NV 89042

AFFIDAVIT - TERMINATING JOINT TENANCY

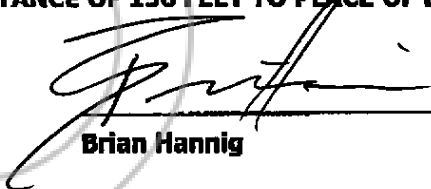
Brian Hannig, of legal age, being first duly sworn, deposes and says:

That **Geraldine Hannig**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Geraldine Hannig** named as one of the parties in that certain **Grant, Bargain and Sale Deed** dated **July 16, 1982** executed by **Dean Sonnenberg and Merlene P. Sonnenberg** to **Brian Hannig**, surviving heir to **Karl J. Hannig and Geraldine Hannig** as joint tenants, recorded as Document No. **75776** on **July 19, 1982** in **Book 50** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

THE SOUTHERN 196 FEET OF LOTS 3 AND 4, IN BLOCK 3, OF THE TOWN OF PANACA, LINCOLN COUNTY, NEVADA.

EXCEPTING THEREFROM THE FOLLOWING TRACT OF LAND SITUATED IN SAID LOT 3;

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 3 AND RUNNING THENCE WEST ALONG THE SOUTHERN BOUNDARY LINE OF SAID LOT 3 A DISTANCE OF 150 FEET; THENCE AT RIGHT ANGLES NORTH 150 FEET; THENCE AT RIGHT ANGLES EAST 150 FEET TO THE EASTERN LINE OF SAID LOT 3, THENCE SOUTH ALONG SAID EASTERN LINE OF SAID LOT 3 A DISTANCE OF 150 FEET TO PLACE OF BEGINNING.



Brian Hannig
10-28-08
Date



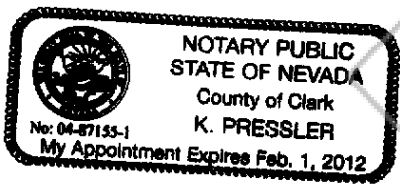
STATE OF **NEVADA**)
)
COUNTY OF Clark) :ss.
)

[Handwritten Signature]
Brian Hannig

This Instrument was acknowledged before me on 10/28/08 by _____

Brian ~~Scott~~ Hannig
Kressler

Notary Public
(My commission expires: Feb 01, 2012)



[Large 'COPY' watermark]

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

20040018040

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
		1. <u>Geraldine HANNIG</u>		2. <u>December 28, 2004</u>		3a. <u>Lincoln</u>	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not other, give street and number)		If Hosp. or Inst. indicates DOA, Of/Emr. Fmt. Inpt/Bem (Specify)		SEX	
3b. <u>Caliente</u>		3a. <u>Grover C. Dils Medical Center</u>		3a. <u>Inpatient /</u>		4. <u>Female</u>	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. <u>White</u>				7a. <u>62</u>		8. <u>August 5, 1942</u>	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. <u>Wyoming</u>		9b. <u>U.S.A.</u>		10. <u>15</u>		11. <u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. <u>[REDACTED]</u>		14a. <u>Homemaker</u>		14b. <u>Own Home</u>		12. <u>Karl Julius Hannig</u>	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. <u>Nevada</u>		15b. <u>Lincoln</u>		15c. <u>Panaca</u>		16a. <u>313 N. 2nd Street</u>	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last		15e. <u>Yes</u>	
		16. <u>Artie Morrow</u>		17. <u>Anna Ida Moles</u>			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. <u>Karl J. Hannig</u>		18b. <u>P.O. Box 201 Panaca, Nevada 89042</u>					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		City of Town State	
19a. <u>Burial</u>		19b. <u>Panaca Cemetery</u>		19c. <u>Panaca, Nevada</u>			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <u>[Signature]</u>		20b. <u>15</u>		20c. <u>730 Front Street Caliente, Nevada 89008 09</u>			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <u>R. William Katschke, M.D.</u> DATE SIGNED (Mo., Day, Yr.) <u>12-28-04</u> HOUR OF DEATH <u>0810</u> NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. <u>R. William Katschke, M.D.; P.O. Box 1010 Caliente, NV 89008</u>		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) and manner stated. (Signature and Title) <u>[Signature]</u> DATE SIGNED (Mo., Day, Yr.) <u>12-28-04</u> HOUR OF DEATH <u>0810</u> PRONOUNCED DEAD (Mo., Day, Yr.) <u>12-28-04</u> PRONOUNCED DEAD (How) <u>ON</u>		22b. <u>AT</u>		LICENSE NUMBER <u>23b. 10509</u>	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <u>[Signature]</u>		24b. <u>12-28-04</u>		24c. 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) <u>Cardiac Failure</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: <u>Minutes</u>			
		(b) <u>Congestive Heart Failure</u> DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death: <u>Years</u>			
		(c) <u>Dilated Cardiomyopathy</u>		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.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. <u>No</u>		27. <u>No</u>			
ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a. _____		28b. _____		28c. _____		28d. _____	
INJURY AT HOME (Specify Yes or No)		PLACE OF INJURY—(at home, farm, street, factory, office building, etc. (Specify))		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
29a. _____		29b. _____		29c. _____		29d. _____	

STATE REGISTRAR

No. 270138

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
 Registrar of Vital Statistics

By [Signature]

Date Issued: OCT 29 2008