

Official Record

Recording requested By  
MILDRED R. FAY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 247 Page- 0169



0133437

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. = 003-171-04

**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )  
 ) :ss  
LINCOLN COUNTY )

**Mildred R. Fay**, 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 07/30/1992, and recorded on 08/03/2002, as Instrument No. 099139, in Book 102, Page 562, 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: Lot number one-hundred (100) in Sun Gold Manor Unit No.1, being a subdivision of the town of Panaca, County of Lincoln, State of Nevada.
4. **Orlin A. Fay** ("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 spouse.

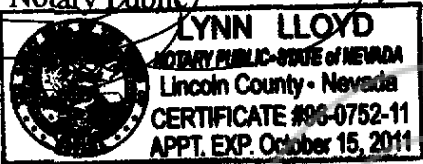


6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting solely in MILDRED R. FAY, as her sole and separate property.

DATED this 10<sup>th</sup> day of February, 2009.

Mildred R. Fay  
MILDRED R. FAY

SUBSCRIBED AND SWORN to before me on  
This 10<sup>th</sup> day of February, 2009  
By MILDRED R. FAY

Lynn Lloyd  
Notary Public  


My Commission Expires:

10-15-11

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2009001094  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Orlin FAY		2. DATE OF DEATH (Mo/Day/Year) January 26, 2009		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) Nathan Adelson Hospice NW		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient(Specify) Inpatient	
DECEASED	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE Last birthday (Years) 85		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) October 04, 1923		9a. STATE OF BIRTH (If not U.S.A. name country) Kansas		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Mildred SMITH	
PARENTS	13. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Maintenance		14b. KIND OF BUSINESS OR INDUSTRY Civil Service	
	14. Ever in US Armed Forces? Yes		15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln	
DISPOSITION	15c. CITY, TOWN OR LOCATION Panaca		15d. STREET AND NUMBER 325 North 6th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
	16. FATHER - NAME (First Middle Last Suffix) Frank FAY			17. MOTHER - NAME (First Middle Last Suffix) Grace CROWEL		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) Mildred FAY		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 464 Panaca, Nevada 89042			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Caliente V. F. W. Cemetery		19c. LOCATION City or Town State Caliente Nevada	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101	
	21. TRADE CALL - NAME AND ADDRESS Southern Nevada Mortuary 730 Front Street Caliente NV 89008					
REGISTRAR	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WARREN WHEELER M.D. 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) January 28, 2009		21c. HOUR OF DEATH 08:00		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	22a. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Warren Wheeler M.D. 4141 Swenson Street Las Vegas, NV 89119			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23b. LICENSE NUMBER 11795		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 29, 2009	
	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) Probable renal cell carcinoma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
STATE REGISTRAR	26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		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

"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: FEB 03 2009