DOC # 0133769
05/19/2009 03:19 PM
Official Record
Recordings requested By
JEAN M. HEMMINGS
Lincoln County - NV
Leslie Boucher - Recorder
Fee: $15.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 248 Page- 0449

0133769

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*

--------Above This Line Reserved For Official Use Only--------

Assessor's Parcel No. = 001-034-08

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
) :ss
LINCOLN COUNTY)

Jean M. Hemmings, 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 9/21/1987, and recorded on 10/1/1987, as Instrument No. 87790, in Book 77, Page 178, 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 24, 25, 26, 27, and 28 in Block 41 of the Town of Pioche, as shown by map thereof recorded in Book 71, Page 433 in the office of the county recorder of Lincoln County, Nevada.

4. **Thomas S. Hemmings** ("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 **Jean M. Hemmings**, as her sole and separate property.

DATED this the 16 day of MAY 2009.

Jean M. Hemmings

SUBSCRIBED AND SWORN to before me on this 15 day of MAY 2009 by **Jean M. Hemmings**.

Notary Public

OFFICIAL SEAL
KERRIE A. McCARTY
NOTARY PUBLIC - NEVADA
PRINCIPAL OFFICE IN
LINCOLN COUNTY
My Appointment Exp: 1-17-2010
Certificate No: 06-103136-11

My Commission Expires:

1-17-2010

DF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

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

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH
1. Thomas	Spurgeon	HEMMINGS	2. January 12, 2003	3a. Lincoln

CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	SEX
3b. Caliente	3c. Grover C. Dils Medical Center	3e. Inpatient	4. Male

RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.	AGE—Last Birthday (Years)	UNDER 1 YEAR MOS : DAYS	UNDER 1 DAY HOURS : MINS	DATE OF BIRTH (Mo., Day, Yr.)
5. White	6.	7a. 73	7b. :	7c. :	8. September 10,1929

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)	SURVIVING SPOUSE (If wife, give maiden name)
9a. Georgia	9b. USA	10. 13	11. Married	12. Jean Marie Kelley

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)	KIND OF BUSINESS OR INDUSTRY
13. [redacted]	14a. Mechanic 505	14b. Radiator Mechanic 751

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)
15a. Nevada	15b. Lincoln	15c. Pioche	15d. 30 Silver St.	15e. Yes

PARENTS

FATHER—NAME First	Middle	Last	MOTHER—MAIDEN NAME First	Middle	Last
16. Dorsey		Hemmings	17. Mildred		Chandler

INFORMANT—NAME (Type or Print)	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)
18a. Jean Hemmings	18b. PO Box 541 Pioche,Nevada 89043

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME	LOCATION City or Town State
19a. Burial	Garden of the Resurrection 19b. Valley View Memorial Park	19c. Las Vegas Nevada

FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	FUNERAL DIRECTOR LICENSE NUMBER	NAME AND ADDRESS OF FACILITY
20a. [signature]	20b. 15	20c. Wiscombe Funeral Home, 730 Front St. Caliente Nv. 89008

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

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) [signature]

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
21b. January 15,2003	21c. 04:10 a.m.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
21d.

To be completed by Coroner's Office

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)

DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
22b.	22c.

PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)
22d. ON	22e. AT

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)

	LICENSE NUMBER
23a. Dr. Farhana Kamal M.D. P.O.Box 1010 Caliente, Nevada 89008	23b. 7903

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

REGISTRAR	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	DEATH DUE TO COMMUNICABLE DISEASE
24a. (Signature) [signature]	24b. January 15, 2003	24c. YES ☐ NO ☒

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		Interval between onset and death
PART I (a)	Respiratory Failure	Hours
	DUE TO, OR AS A CONSEQUENCE OF:	
(b)	Advanced Chronic Obstructed Pulmonary Disease	Years
	DUE TO, OR AS A CONSEQUENCE OF:	
(c)		

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.	AUTOPSY (Specify Yes or No)	WAS CASE REFERRED TO CORONER (Specify Yes or No)
Tobacco Abuse; Bacterial Pneumonia	26. No	27. No

ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
28a.	28b.	28c. M	28d.

INJURY AT WORK (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
28e.	28f.	28g.

STATE REGISTRAR

No. 223190

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: JAN 3 0 2003

Yvonne Sylva
State Registrar