DOC # 0133771

05/19/2009

03:46 PM

Official Record

Recording requested By JEAN M HEMMINGS

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 RPTT: Recorded By: LB

Book - 248 Page - 0454

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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

Assessor's Parcel No. = 001-034-07

## 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 8/27/1988, and recorded on 9/2/1988, as Instrument No. 89769, in Book 82, Page 103, 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 29 and 30 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 \_\_\_\_ day of MAY 2009.

SUBSCRIBED AND SWORN to before me on this 19th day of MAY 2009 by **Jean M. Hemmings**.



(Scal)

My Commission Expires:



## **DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS**

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

		j	CERTIFICATE OF	DEATH	
	LOCAL FILE NUMBER			·	STATE FILE NUMBER
TYPE OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day,	
IN	1. Thomas	Spurgeon	Hemmings	2 January 12,	2003 SaLincoln
PERMANENT   BLACK INK	CITY, TOWN OR LOCATION OF DI		R INSTITUTION—Name (If not either, gh	e street and number)   If Hosp. or I	nst. Indicate DOA, OP/Emer.   SEX
	зь. Caliente	3c Grover	C. Dils Medical C	Rm. Inpatier	atient / 4 Male
ECEDENT	RACE—(e.g., White, Black, America Indian, etc.) (Specify)	n Was Decedent of Hispanic Or	gin? Specify ☐ yes Rano II yes.   AGE-	Last UNDER 1 YEAR U	IDER I DAY DATE OF BIRTH (Mo., Day, Yr.)
	Indian, etc.) (Specify)		to Rican, etc. Birthd	ay (Years) MOS DAYS HO	URS : MINS
	5.White	6. CITIZEN OF WHAT COUN	7a.		:   *September 10,1929
IF DEATH OCCURRED IN	(if not U.S.A., name country)	TRY	grade completed.	WIDOWED, DIVORCED	SURVIVING SPOUSE (If wife, give maiden name)
INSTITUTION SEE HANDBOOK	9a. Georgia	96. USA	10.13	(Specify) Married	<sup>12</sup> Jean Marie Kelley
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Gi Working Life, Even if Retir	ve Kind of Work Done During Most of ed)	505 KIND OF BUSINESS OF INC	USTRY
RESIDENCE ITEMS	13.	14a Mechanic		14b Radiator 1	
1.	RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUME	ER INSIDE CITY LIMITS (Specify Yes or No)
<b>→</b> [	15a.Nevada	15b.Lincoln	15c. Pioche	15d. 30 Silv	
	FATHER-NAME First	Middle	Last MOTHER-A	IAIDEN NAME First	Middle Last
ARENTS	18. Dorsey	Hemm	ings / 17.	Mildred	Chandler
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., City	
	Jean Hemmings 186 PO Box 541 Pioche Nevada 89043				
_	BUPIAL, CREMATION, REMOVAL		186 PO Box 541	LOCATION	City or Town State
[	Durada 1	Gar	den of the Resur	ection	,
ISPOSITION	19a. Burial 19b.Valley View Memorial Park 19c. Las Vegas Nevada  FUNERAL DIRECTOR I NAME AND ADDRESS OF FACILITY 80008				
	FUNERAL DIRECTOR SIGNATUR (Or Person Acting as Syst)		NUMBER		o <del>g</del> 89008
,	20a.	20b. 1.			O Front St. Caliente Nv.
	Z 21a. Lo-the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.  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.				
	21a. Lothe best of my knowledge, deam occurred at the time, date and place and due to the cause(s) stated.  21a. Lothe best of my knowledge, deam occurred at the time, date and place and due to the cause(s) and manner stated.  21a. Lothe best of my knowledge, deam occurred at the time, date and place and due to the cause(s) and manner stated.  21b. Lothe best of my knowledge, deam occurred at the time, date and place and due to the cause(s) and manner stated.  22c. Signature and Title)  21b. January 15, 2003  21c. 04:10 a.m.  22c. Signature and Title)  22c. Date sign occurred at the time, date and place and due to the cause(s) and manner stated.  22c. Signature and Title)  22c. Signature and Title)				
Ì	BE DATE SIGNED (Mo., Da	v, Yr.) HOUR OF DE	HTA	DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH
ERTIFIER	ర్్ౖ 216January 1	5,2003 210.04:1	0 a.m.	g 22b.	220.
	NAME OF ATTENDING	HYSICIAN IF OTHER THAN CERT	FIER (Type or Print)	PRONOUNCED DEAD (Mo., Day,	Yr.) PRONOUNCED DEAD (Hour)
	- B 21d.		/ V	22d. ON	22e. AT
Ì	NAME AND ADDRESS	OF CERTIFIER (PHYSICIAN, ATTEN	DING PHYSICIAN, MEDICAL EXAMINER	, OR CORONER). (Type or Print.)	LICENSE NUMBER
Į	23a Dr. Farh	ana Kamal M.D.	P.O.Box 1010	Caliente, Nevada	89008 23b. 7903
CONDITIONS	REGISTRAR	1 -0-	DATE RECEIVED BY	REGISTRAR (Mo., Day, Yr.) DEATH D	UE TO COMMUNICABLE DISEASE
IF ANY HICH GAVE	24a. (Signature)	land to 1 / Lan	24January	15, 2003	res□ No.
RISE TO MIMEDIATE		ER ONLY ONE CAUSE PER LINE F	OFI (a). (b), AND (c).)	29, 2003	Interval between onset and death
CAUSE	Power to Power to to	one The d Taxas	/	/	<u></u>
NIDERLYING AUSE LAST	PART (a) Respirato				Hours     Interval between onset and death
-1/1		01	/ ./		•
<b>→</b>	b) Advanced Chronic Obstructed Pulmonary Disease Years  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and death				
_/	( =====================================				and the sounder (Alect Stor Edition
AUSE OF	(c)	ONDITIONS Condition and the	To the body and the land of the land	a de la como	/P
DEATH	PART 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				
\ [	OR PENDING INVEST	DATE OF INJURY (Mo., Day, Yr.) HOL	IR OF INJURY DESCRIBE HOV	VINJURY OCCURRED	
\ I	(Specify) 28a2	28c. 28c.	M 28d.	<u>-</u>	
\ I	INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, building, etc. (Sp	street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE
1	1	28f.	28g.		•
/					N- 000400
. 1		STATE R	EGISTRAR		No. 223190
					<del></del>

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

State Registrar