

Official Record

Recording requested By
LILLIAN M. COX

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$19.00

Page 1 of 6

RPTT:

Recorded By: AE

Book- 248 Page- 0544



0133814

001-121-08
001-071-02

APN:

Recording requested by and mail documents and tax statements to:

Name: Susan Wetmore

Address: 928 Buckskin Place

City/State/Zip: Spring Creek, NV 89815

AFF111

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AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

Patricia Sears, Michael R. Turley and John Turley

the Affiant, being of legal age, and being first duly sworn, deposes and says:

That Timothy Jacob Turley

the Decedent mentioned in the attached certified copy Certificate of Death, is the same person as,

Timothy Jacob Turley

named as one of the parties in that certain (type of deed) Joint Tenancy Quitclaim Deed

dated on the 2nd day of February, 2002, and executed by

Lila Terry

known as Grantor(s), to Timothy Jacob Turley, Nettie McKeonard, John Turley, Patricia Sears and Michael R. Turley

known as Grantees, as joint tenants, and recorded as instrument number 113941

on the 2nd day of February, 2000, in Book 146 of Official

Records of Lincoln County, Nevada, covering the following described

property situated in the City of _____, County of Lincoln

State of Nevada. (Set forth legal description and commonly known address)

see Exhibit A

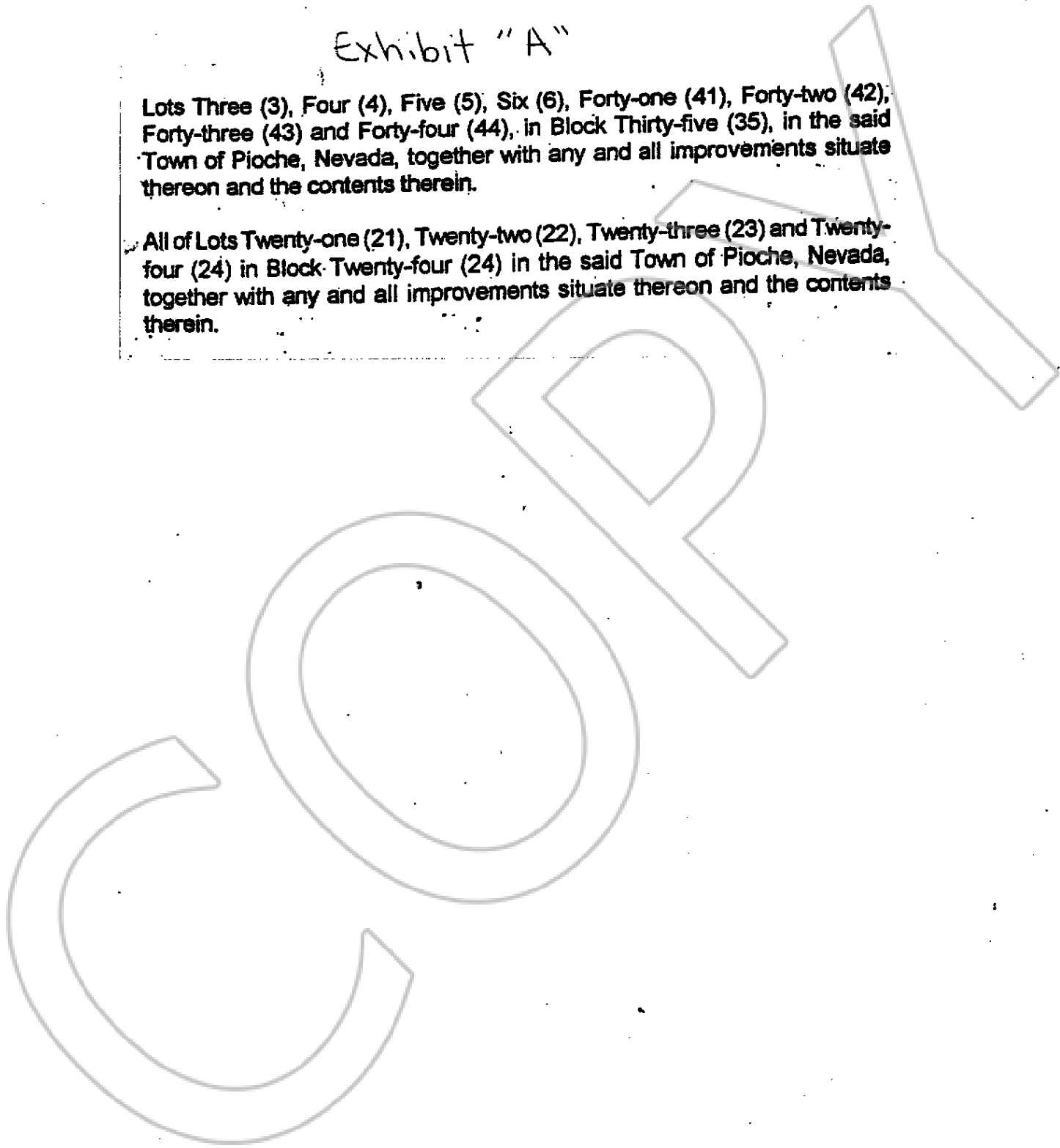
WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.



Exhibit "A"

Lots Three (3), Four (4), Five (5), Six (6), Forty-one (41), Forty-two (42), Forty-three (43) and Forty-four (44), in Block Thirty-five (35), in the said Town of Pioche, Nevada, together with any and all improvements situate thereon and the contents therein.

All of Lots Twenty-one (21), Twenty-two (22), Twenty-three (23) and Twenty-four (24) in Block Twenty-four (24) in the said Town of Pioche, Nevada, together with any and all improvements situate thereon and the contents therein.





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



10398

20050014667

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

| | | | |
|---|---|--|--|
| LOCAL FILE NUMBER 10398 | | STATE FILE NUMBER 20050014667 | |
| DECEASED—NAME First Middle Last 1. Timothy Jacob TURLEY | | DATE OF DEATH (Month, Day, Year) 2. October 3, 2005 | COUNTY OF DEATH 3a. Clark |
| CITY, TOWN OR LOCATION OF DEATH 3b. Henderson | | HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Henderson Home Health Care | If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient 5 SEX 4. Male |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White | Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. | AGE—Last Birthday (Years) 7a. 65 | UNDER 1 YEAR MOS : DAYS 7b. : : UNDER 1 DAY HOURS : MINS 7c. : : DATE OF BIRTH (Mo., Day, Yr.) March 24, 1940 |
| STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada | CITIZEN OF WHAT COUNTRY 9b. USA | Decedent's Education. Specify highest grade completed. 10. 11 | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Never Married |
| SOCIAL SECURITY NUMBER 13. [REDACTED] | USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Laborer | KIND OF BUSINESS OR INDUSTRY 14b. Metal Mines | SURVIVING SPOUSE (If wife, give maiden name) 12. |
| RESIDENCE—STATE 15a. Nevada | COUNTY 15b. Clark | CITY, TOWN, OR LOCATION 15c. Henderson | STREET AND NUMBER 15d. 1180 E Lake Mead |
| INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes | | | |
| FATHER—NAME First Middle Last 18. Marion Turley | | MOTHER—MAIDEN NAME First Middle Last 17. Debbie May Alger | |
| INFORMANT—NAME (Type or Print) 18a. Michael Turley | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 227 E St. Charles Rapids City South Dakota 57701 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation | | CEMETERY OR CREMATORY—NAME 19b. Paradise Valley Crematory | LOCATION City or Town State 19c. Las Vegas, Nevada |
| FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. James W. Long | | FUNERAL DIRECTOR LICENSE NUMBER 20b. 601 | NAME AND ADDRESS OF FACILITY 20c. Davis Funeral Home & Memorial Park 6200 S Eastern Ave Las Vegas Nevada 89119 |
| 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) DATE SIGNED (Mo., Day, Yr.) 21b. 10/6/05 | | 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.) 22b. : : HOUR OF DEATH 21c. 1125 22c. : : NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. : : 22d. ON 22e. AT | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Craig Jorgenson, MD 4011 McLeod Las Vegas, Nevada 89119 | | LICENSE NUMBER 23b. 9529 | |
| REGISTRAR 24a. (Signature) Susan Glenn Deputy | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. OCT 11 2005 | DEATH DUE TO COMMUNICABLE DISEASE 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) Arterial Failure DUE TO, OR AS A CONSEQUENCE OF: (b) : : 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 I. | | Interval between onset and death : : months Interval between onset and death : : Interval between onset and death : : | |
| AUTOPSY (Specify Yes or No) 26. No | | WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No | |
| ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a. | DATE OF INJURY (Mo., Day, Yr.) 28b. : : HOUR OF INJURY 28c. : : M | DESCRIBE HOW INJURY OCCURRED 28d. | |
| INJURY AT WORK (Specify Yes or No) 28e. | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. | LOCATION 28g. | STREET OR R.F.D. No. CITY OR TOWN STATE |

STATE REGISTRAR

No. 322387
Birth Cert# 1940 000411

269126 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: APR 27 2009

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
PBNC0 (Rev.) 11/06

R. D. White
STATE REGISTRAR



In Witness Whereof, I/We have hereunto set my/our hand(s) this _____ day of _____
20____.

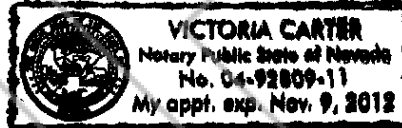
Patricia Sears
Signature
Patricia Sears
Print or type name here

Signature
Michael R. Trolley
Print or type name here

STATE OF Nevada)
COUNTY OF Lincoln)
On this 12th day of May, 2009, personally appeared
before me, a Notary Public, Patricia Sears

personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein,
who acknowledged to me that they executed the same freely and voluntarily and for the uses and
purposes therein mentioned. Witness my hand and official seal.

Victoria Carter
Notary Public



My commission expires: Nov. 9, 2012

Consult an attorney if you doubt this forms fitness for your purpose.



In Witness Whereof, I/We have hereunto set my/our hand(s) this _____ day of _____ 20____.

Signature _____
Patricia Sears
Print or type name here

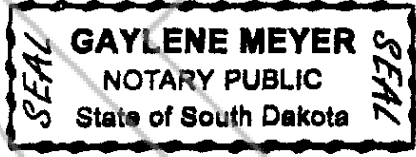
[Signature]
Signature _____
Michael R. Turley
Print or type name here

STATE OF _____)
COUNTY OF _____)
On this 5th day of May, 2009, personally appeared
before me, a Notary Public, Michael Turley

personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned. Witness my hand and official seal.

Gaylene Meyer
Notary Public My Commission Expires
My commission expires: February 26, 2013

Consult an attorney if you doubt this forms fitness for your purpose.





0133814

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In Witness Whereof, I/We have hereunto set my/our hand(s) this 19 day of May 2009.

John Turley
Signature
John Turley
Print or type name here

Signature

Print or type name here

STATE OF Utah
COUNTY OF Iron
On this 19th day of May, 2009, personally appeared
before me, a Notary Public, John Turley
 personally known to me OR proved to me on the basis of satisfactory evidence to be the
person(s) described in and who executed the foregoing instrument in the capacity set forth therein,
who acknowledged to me that they executed the same freely and voluntarily and for the uses and
purposes therein mentioned. Witness my hand and official seal.

Marcia Day
Notary Public
My commission expires: 1/26/2013
Consult an attorney if you doubt this forms fitness for your purpose.

