

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 - 0550



0133815

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 89915

AFF111
Nevada Legal Forms & Books, Inc. (702) 870-8977
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AFFIDAVIT-TERMINATION OF JOINT TENANT

Death of a Joint Tenant

1. Patricia Sears and Michael R. Turley and John Turley

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

That Nettie Mae Leonard

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

Nettie Mae Leonard

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

dated on the 2nd day of February, 2000, and executed by Lila Terry

known as Grantor(s), to Timothy Jacob Turley, Nettie Mae Leonard, John Turley, Patricia Sears, 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

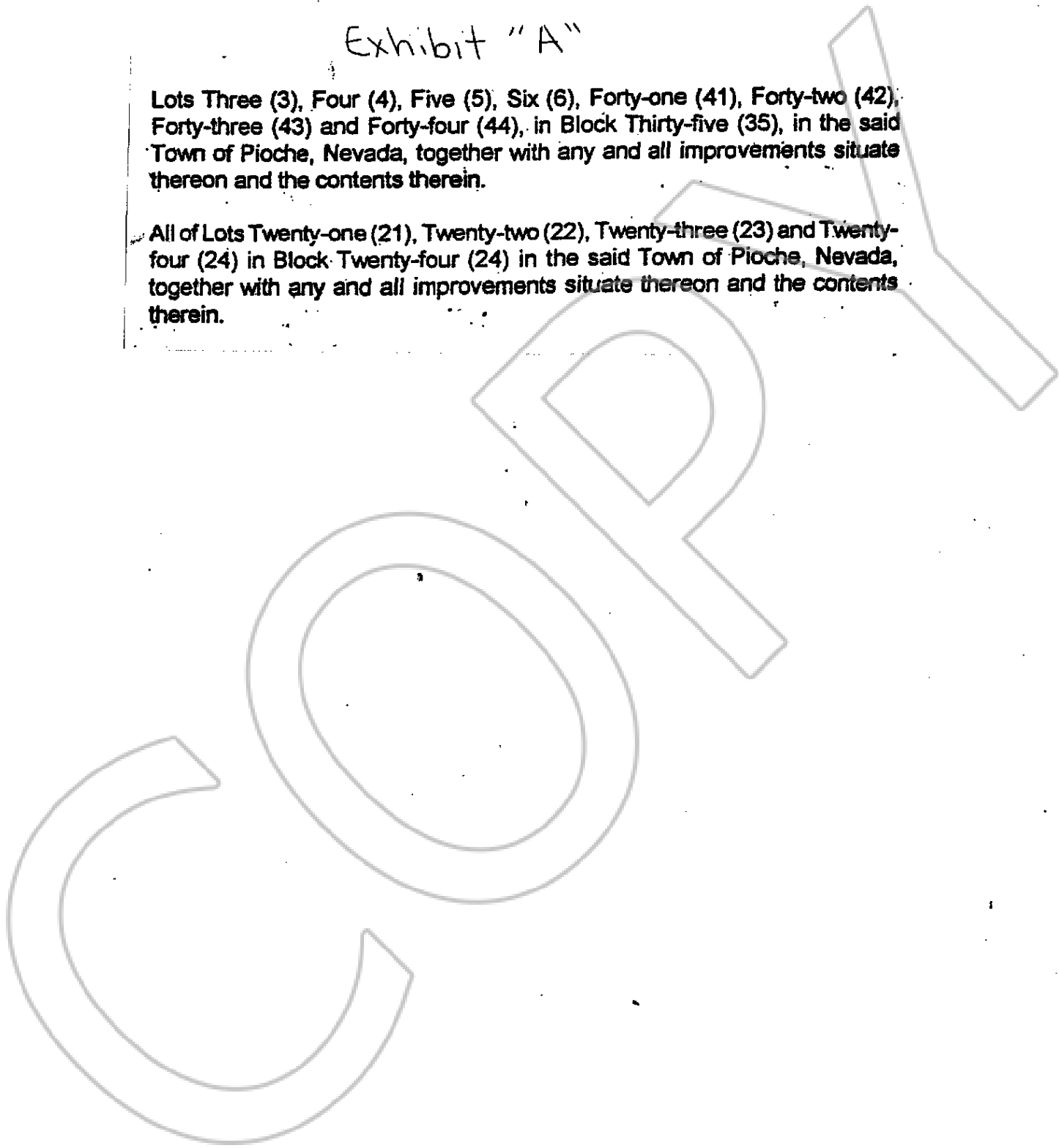
WARNING: THE COUNTY RECORDER MAY CHARGE AN ADDITIONAL FEE IF YOU WRITE WITHIN THE 1" MARGINS OF THIS DOCUMENT OR VIOLATE ANY OTHER RECORDING REQUIREMENTS IMPOSED BY YOUR COUNTY RECORDER.



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
 VITAL STATISTICS

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

28,825 (071) LOCAL FILE NUMBER STATE FILE NUMBER 20030006215

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE LEADING TO UNDERLYING CAUSE LAST

CAUSE OF DEATH

1. DECEASED—NAME First Middle Last Nettie Mae LEONARD		DATE OF DEATH (Month, Day, Year) 2 May 1, 2003		COUNTY OF DEATH 3a. Elko
3b. CITY, TOWN OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) Northeastern Nevada Reg. Hospital		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient
4. RACE—(e.g., White, Black, American Indian, etc.) (Specify) white		6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. No		7. AGE—Last Birthday (Years) 7a. 76
9a. STATE OF BIRTH (If not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY USA		10. Decedent's Education. Specify highest grade completed. 11
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home
15a. RESIDENCE—STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN, OR LOCATION Elko
16. FATHER—NAME First Middle Last Marion Turley		17. MOTHER—MAIDEN NAME First Middle Last Jennie Alger		
18a. INFORMANT—NAME (Type or Print) Jenny Byars (Daughter)		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1916 View Dr. Elko, NV 89801		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 7		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803
21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.) 5/19/03		21c. HOUR OF DEATH 6:20 am		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Elizabeth V. Guenzel, MD
22a. To be completed by Coroner's Office 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) <i>[Signature]</i> DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 1995 Errecart Blvd, Suite 207 Elko, NV 89801		23b. LICENSE NUMBER 9199		
24a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) May 20, 2003		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) Myocardial infarction		Interval between onset and death		
(b) Hypertension		Interval between onset and death		
(c) Diabetes		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. renal insufficiency		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No
28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		28b. DATE OF INJURY (Mo., Day, Yr.)		28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCCURRED		28e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		
28f. INJURY AT WORK (Specify Yes or No) 28f.		28g. LOCATION		28h. STREET OR R.F.D. No.
		28i. CITY OR TOWN		28j. STATE

STATE REGISTRAR No.235114

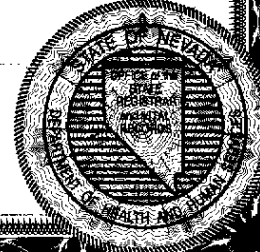
269127 CERTIFIED COPY OF VITAL RECORDS

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

[Signature]
 STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.





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

John Turley
Signature

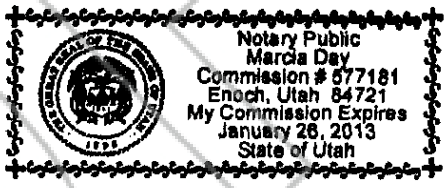
Signature

John Turley
Print or type name here

Print or type name here

STATE OF Utah
 COUNTY OF Simi
 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.





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. Turley
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.



VICTORIA CARTER
Notary Public State of Nevada
No. 04-92809-11
My appl. exp. Nov. 9, 2012

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

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

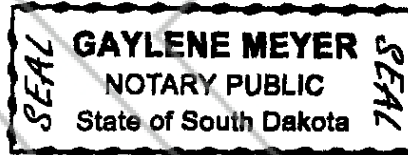
personally known to me OR proved to me on the basis of satisfactory evidence to be the person(s) described in and who executed the foregoing instrument in the capacity set forth therein, who acknowledged to me that they executed the same freely and voluntarily and for the uses and purposes therein mentioned.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

Gaylene Meyer

Notary Public

My Commission Expires
February 26, 2013

My commission expires:



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