

Official Record

Recording requested By  
FIDELITY NATIONAL TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2  
RPTT. Recorded By: AE  
Book- 250 Page- 0255

RECORDING REQUESTED BY:

Fidelity National Title Agency of Nevada, Inc.  
Escrow No. FT07-FT090010500  
Title Order No.

When Recorded Mail Document To:

Tyra Lytle  
P.O. Box 872  
Caliente, NV 89008

APN: 013-120-13



0134134

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA

COUNTY OF LINCOLN

Tyra Lytle, being first duly sworn, and deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is Tyra Lytle the person as Tyra Lytle, one of the grantees in that certain deed recorded February 26, 1997, as Book 126 Page 160, in the office of the County Recorder of Lincoln, State of Nevada.

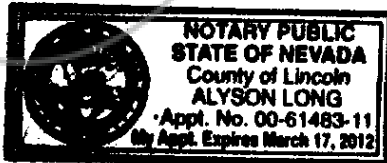
That Francis Lytle was one of the grantees name in said deed and was the identical person named as Francis Lytle, the decedent in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

DATED: August 10, 2009

SUBSCRIBED AND SWORN TO before me  
this 13<sup>th</sup> day of August, 2009

Tyra Lytle  
Tyra Lytle

Alyson Long  
Notary Public in and for said County and State  
Lincoln Nevada



2007005577 STATE FILE NUMBER

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

Form with fields for: 1a. DECEASED-NAME FIRST, MIDDLE, LAST; 2. DATE OF DEATH; 3a. COUNTY OF DEATH; 3b. CITY, TOWN, OR LOCATION OF DEATH; 3c. HOSPITAL OR OTHER INSTITUTION; 5. RACE; 6. Was Decedent of Hispanic Origin?; 7a. AGE-Last birthday; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH; 9a. STATE OF BIRTH; 9b. CITIZEN OF WHAT COUNTRY; 10. EDUCATION; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; 12. SURVIVING SPOUSE; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION; 14b. KIND OF BUSINESS OR INDUSTRY; 15a. RESIDENCE - STATE; 15b. COUNTY; 15c. CITY, TOWN OR LOCATION; 15d. STREET AND NUMBER; 15e. INSIDE CITY LIMITS; 16. FATHER - NAME; 17. MOTHER - NAME; 18a. INFORMANT - NAME; 18b. MAILING ADDRESS; 19a. BURIAL, CREMATION, REMOVAL, OTHER; 19b. CEMETERY OR CREMATORY - NAME; 19c. LOCATION; 20a. FUNERAL DIRECTOR - SIGNATURE; 20b. FUNERAL DIRECTOR LICENSE; 20c. NAME AND ADDRESS OF FACILITY; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated; 21b. DATE SIGNED; 21c. HOUR OF DEATH; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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; 22b. DATE SIGNED; 22c. HOUR OF DEATH; 22d. PRONOUNCED DEAD; 22e. PRONOUNCED DEAD AT; 23a. NAME AND ADDRESS OF CERTIFIER; 23b. LICENSE NUMBER; 24a. REGISTRAR; 24b. DATE RECEIVED BY REGISTRAR; 24c. DEATH DUE TO COMMUNICABLE DISEASE; 25. IMMEDIATE CAUSE; 26. AUTOPSY; 27. WAS CASE REFERRED TO CORONER; 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST.; 28b. DATE OF INJURY; 28c. HOUR OF INJURY; 28d. DESCRIBE HOW INJURY OCCURRED; 28e. INJURY AT WORK; 28f. PLACE OF INJURY; 28g. LOCATION

STATE REGISTRAR

159021

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:

08/14/2007

SIGNATURE AUTHENTICATED

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

PBNC0 (REV) 11/06

