DOC # 0134134

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Lincoln County - NV - Recorder Leslie Boucher

Page 1 Fee: \$15.00 Recorded By AE RPTT.

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

## 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

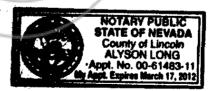
SUBSCRIBED AND SWORN TO before me

day of

Notary Public in and for said County and State

Likelin

Nevada



N OF VITAL RECORD

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH** 

TYPE OR			CERTIFICAT	4 <u> </u>	2007005577 STATE FILE NUMBER				
PRINT IN	1a. DECEASED-NAME FIRST 1b. MIDDLI		1c. LAST		2. DATE OF DEATH (Mo/Day/Year)		3a. COUNTY OF DEATH		
PERMANENT	Francis Andrew		LYTLE		August 01, 2007 Lin		Linco	ln .	
BLACK INK	3b. CITY, TOWN, OR LOCATIO		R OTHER INSTITUTION	-Name(If not either, g			OA,OP/Emer. Rm.	4. SEX	
<u> </u>	Caliente	and number)	Grover C Dils Med	ical Center	Inpatient(S	pecify) Inpatien	it \	Male	
DECEDENT	5. RACE-(e.g., White, Black,	6. Was Decedent of Hispanic C	Origin? No	7a. AGE-Last	7b. UNDER 1 YEAR	7c. UNDER 1 DAY	8. DATE OF BIRTH	(Mn/Dav/Yr)	
‡ .	American Indian) (Specify)	If yes, specify Mexican, Cuban,	Puerto Rican, etc.	7a. AGE-Last birthday (Years) 67		HOURS   MINS	1	` , .	
	White 9a. STATE OF BIRTH (If not U.S		ispanic T COUNTRY[10, EDUÇA		I I	OWED 40 CU	October 17		
IF DEATH	name country)			DIVORCED (Spe	ecify)				
INSTITUTION SEE HANDBOOK	Utah		United States 12  14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working 1			ed	Tyra Del PE	RKINS	
REGARDING	13. SOCIAL SECURITY NUMBE	R   14a. USUAL OCCUPA Life, Even If Retired)	TION (Give Kind of Work	Work Done During Most of Working		14b. KIND OF BUSINESS OR INDUSTRY			
COMPLETION OF RESIDENCE				cher	The state of the s	- Ra	anching		
ITEMS	15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN OR L	OCATION 15d.	STREET AND NUMBE	R	15e. I	NSIDE CITY	
<b>&gt;</b>	Nevada	Lincoln	Callent	e 300	Clover Creek	The second name of the second	No)	S (Specify Yea o No	
	16. FATHER - NAME (First Mide	dle Last Suffix)	· · · · · · · · · · · · · · · · · · ·	17. MOTHER	NAME (First Middle	Last Suffix)			
PARENTS	Andrew Robert LYTLE Anna Fern BOWLER								
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip)								
	Tyra Del LYTLE PO Box 872 Callente, N					,			
		The second secon	OF METERY OF PARTIE		DOX 0,72 Caneine,			3	
	198. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State							are	
SPOSITION	Burial Barclay Cemetery Barcl						arclay Nevada	$ \vee$ _	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such)  20b. FUNERAL  DIRECTOR LICENSE  20c. NAME AND ADDRESS OF FACILITY  DIRECTOR LICENSE  Southern Nevada Mortuary								
			80	76.		it Street Callente	•		
RADE CALL	TRADE CALL - NAME AND ADD	URE AUTHENTICATED	- 1		730 1101	Corear Callerite	7 144 02000		
RADE CALL		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			/ /				
CERTIFIER	to the cause(s) stated. (stated and stated a		RE AUTHENTICATED HKE JR. M.D. ROF DEATH 03:00	the time, of 22b, DATI	ne basis of examination date and place and due E SIGNED (Mo/Day/Yr)	to the cause(s) state			
بالله	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print). 23b. LICENSE NUMBER								
	Rich	ard William Katschke	Jr. M.D. P.O. Box	1010 Caliente, N	IV 89008 J	<b>)</b>	10509		
REGISTRAR	24a. REGISTRAR (Signature)	TODD BOY	/ED	24b. DATE RECEIVE	D BY REGISTRAR	24c, DEATH D	DUE TO COMMUNICA	ABLE DISEAS	
		SIGNATURE AUTHEN		(Mo/Day/Yr) AL	igust 10, 2007	YES	NO IX	]	
CAUSE OF	25. IMMEDIATE CAUSE		USE PER LINE FOR (a),	(b), AND (c),)		Interval betw	veen onset and death		
DEATH	<sub>PART (a)</sub> Respirat	ory failure				Weeks			
	DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death		
ONDITIONS IF ANY WHICH	Chronic obstructive pulmonary disease					Yrs	•		
GAVE RISE TO	DUE TO, OR AS A CONSEQUENCE OF:								
	DUE TO, OR AS A CONSEQUENCE OF: Smoking						Interval between onset and death		
STATING THE UNDERLYING	(c)			//_			· · · · · · · · · · · · · · · · · · ·		
CAUSE LAST	PART OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					100 0, 110,	No or No) No		
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo/Do				JRRED			
	28e. INJURY AT WORK (Specify	28f. PLACE OF INJURY- At he	me, farm, street, factory.	office 28g. LOCATIO	ON STREET OR	R.F.D. No. CIT	Y OR TOWN	STÁTE	

STATE REGISTRAR



Yes or No)

159021

building, etc. (Specify)

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:

This copy is not 28/11/22907 ared on engraved border displaying date, seal and signature of Registrar.



