DOC # 0134236

09/08/2009 01:14 PM

Official Record

Recording requested By
L.C PUBLIC ADMINISTRATOR

Lincoln County ~ NV

Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 3

Recorded By LB

Book- 250 Page- 0659

This document prepared by
(and after recording please return to):
)
Name: Gregory J. Barlow, Esq.
Address: P.O. Box 60
City, State, Zip: Pioche, NV 89043
Phone: 775-962-5171

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Assessor's Parcel No. = 003-078-21

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
) :ss
LINCOLN COUNTY	8

PEARL H. MCKEE, 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 7/23/1979, and recorded on 7/23/1979, as Instrument No. 64699, in Book 30, Page 611, 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 located in Lincoln County, Nevada and is described as follows: That portion of the East Half of the East Half of the North-West Quarter (E/2 E/2 NW/4) of Section 8, Township 4 South, Range 67 East, Mount Diablo Base & Meridian; all of that lot 21 on Spring Street in the Company Row subdivision in Caliente, Nevada.
- 4. RICHARD F. MCKEE ("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 husband.

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 in me, **PEARL H. MCKEE**, as sole owner.

DATED this the <u>/O</u> day of June 2009.

PEARL H. McKEE

SUBSCRIBED AND SWORN to before me on this <u>ID</u> day of June 2009 by **PEARL H. McKEE**.

Notary Public

(Seal)

W. CATHERINE PYLE
MODRY PUBLIC-STATE of MEMBAR
Lincoln County- Nevada
CERTIFICATE # 03-81972-11
ADDT EYE MAY 20 2014

My Commission Expires

May 20, 2011

VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL	. STA	TIST	ICS	
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2009009229

CERTIFICATE OF DEATH STATE FILE NUMBER 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH PRINT IN PERMANENT Richard Francis MCKEE May 12, 2009 Lincoln **BLACK INK** 3b, CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street 3e.If Hosp. or Inst. indicate DOA, OP/Emer. Rm. 4. SEX and number) Impatient(Specify) Caliente Died at home Home Male DECEDENT 7a. AGE-Last 7b, UNDER 1 YEAR 7c, UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) 5. RACE White 6. Hispanic Origin? Specify birthday (Years) MINS HOURS (Specify) No - Non-Hispanic DAYS September 17, 1922 9a. STATE OF BIRTH (If not U.S.A., 95. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, 12. SURVIVING SPOUSE (if wife, give IF DEATH OCCURRED IN name country) DIVORCED (Specify) Married **New Mexico** United States 0 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 14b. KIND OF BUSINESS OR INDUSTRY SEE HANDBOOK Ever in US Armed REGARDING OMPLETION OF Working Life, Even If Retired) Unknown/not Classifiable Unknown/not Classifiable Forces? RESIDENCE 15a. RESIDENCE - STATE 15c, CITY, TOWN OR LOCATION 15d. STREET AND NUMBER 15a, INSIDE CITY |56, trv3|∪∈ ∪; ; JMTS (Specify Yes v No) Yes ITEMS Nevada Lincoln Caliente Died at home NO) 16. FATHER - NAME (First Middle Last Suffix) 17, MOTHER - NAME (First Middle Last Suffix) **PARENTS** MCKEE 18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Gregory BARLOW PO Box 60 Pioche, Nevada 89043 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c, LOCATION City or Town DISPOSITION Southern Utah Crematory Cedar City Utah 84720 20b. FUNERAL DIRECTOR LICENSE 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20c. NAME AND ADDRESS OF FACILITY TODD BOYER Southern Nevada Mortuary 730 Front Street Callente NV 89008 SIGNATURE AUTHENTICATED TRADE CALL TRADE CALL - NAME AND ADDRESS 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 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. (Signature & Title) TIM UMINA 늄 SIGNATURE AUTHENTICATED CERTIFIER & 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE SIGNED (MolDay/Yr) 22c. HOUR OF DEATH May 29, 2009 19:00 22e, PRONOUNCED DEAD AT (Hour) 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22d. PRONOUNCED DEAD (Mo/Day/Yr) (Type or Print) 10:25 May 16, 2009 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b LICENSE NUMBER 1050 É SR 322 Pioche, NV 89043 Deputy Coroner Tim Umina P033 REGISTRAR (Signature) 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE JENELLE BALDWIN (Mo/Day/Yr) YES [NO X June 29, 2009 SIGNATURE AUTHENTICATED CAUSE OF 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Interval between onset and death Trauma to Cranium **DEATH Immediate** DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Single gunshot wound to the right temple CONDITIONS IF ANY WHICH GAVE RISE TO Immediate DUE TO, OR AS A CONSEQUENCE OF Interval between onset and death IMMEDIATE CAUSE -DUE TO, OR AS A CONSEQUENCE OF interval between onset and death UNDERLYING CAUSE LAST (d) 26. AUTOPSY 27. WAS CASE REFERRED PART II (Specify Yes or No) Yes 28a, ACC., SUICIDE, HOM., UNDET. 28b. DATE OF INJURY (Mo/Dav/Yr) 28c HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED Investigation shows that decedent used a sliver Smith and Wesson 38 caliber revolver. He held the gun next to his right temple and pulled the trigger leaving an outline of the barrel with powder burns on his right temple OR PENDING INVEST. (Specify)
Suicide May 12, 2009 1900 28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office 28a, LOCATION CITY OR TOWN STREET OR R.F.D. No. STATE

STATE REGISTRAR

21 N Spring St

Nevada

Caliente



Yes or No)

279548

/ 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.

building etc. (Specify)

DATE ISSUED:

SIGNATURE AUTHENTICATED

This copy is not valid ur(06/26/26/09) engraved border displaying date, seal and signature of Registrar.

Residence



