





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 10 day of June 2009.

*Pearl H McKee*

**PEARL H. MCKEE**

SUBSCRIBED AND SWORN to before me on this 10 day of June 2009 by **PEARL H. MCKEE**.

*W. Catherine Pyle*  
Notary Public



May 20, 2011

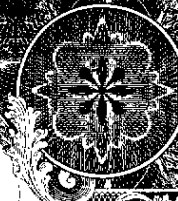


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# NEVADA OF VITAL RECORD



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

2009009229

STATE FILE NUMBER

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Francis MCKEE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 12, 2009</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Died at home</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient)(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE White (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 17, 1922</b>		9a. STATE OF BIRTH (if not U.S.A., name country) <b>New Mexico</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>0</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Unknown/not Classifiable</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Unknown/not Classifiable</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>Died at home</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>MCKEE</b>	
17. MOTHER - NAME (First Middle Last Suffix)		18a. INFORMANT- NAME (Type or Print) <b>Gregory BARLOW</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 60 Pioche, Nevada 89043</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
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) <b>TIM UMINA</b> <i>SIGNATURE AUTHENTICATED</i>			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)		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>May 29, 2009</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH <b>19:00</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>May 16, 2009</b>	
22e. PRONOUNCED DEAD AT (Hour) <b>10:25</b>		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043</b>		23b. LICENSE NUMBER <b>P033</b>	
24a. REGISTRAR (Signature) <b>JENELLE BALDWIN</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 29, 2009</b>		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) <b>Trauma to Cranium</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Single gunshot wound to the right temple</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>[REDACTED]</b> DUE TO, OR AS A CONSEQUENCE OF: (d) <b>[REDACTED]</b>				Interval between onset and death <b>Immediate</b> Interval between onset and death <b>Immediate</b> Interval between onset and death <b>[REDACTED]</b> Interval between onset and death <b>[REDACTED]</b>	
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) <b>Suicide</b>		28b. DATE OF INJURY (Mo/Day/Yr) <b>May 12, 2009</b>	
28c. HOUR OF INJURY <b>1900</b>		28d. DESCRIBE HOW INJURY OCCURRED Investigation shows that decedent used a silver 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.		28e. INJURY AT WORK (Specify Yes or No)	
28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) <b>Residence</b>		28g. LOCATION <b>21 N Spring St</b>		28h. STREET OR R.F.D. No. CITY OR TOWN STATE <b>Callente Nevada</b>	

STATE REGISTRAR

574285

279547

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 valid until **09/20/2009** engraved border displaying date, seal and signature of Registrar.

PNBCO (Rev) 11/06

*[Signature]*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

VRS-Rev-20090602

