DOC # 0134237

09/08/2009

01:15 PM

Official Record

Recording requested By L.C. PUBLIC ADMINISTRATOR

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00

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Page 1 of 3 Recorded By: LB

Book- 250 Page- 0662

Gregory J. Barlow, Esq.

P.O. Box 60

Pioche, NV 89043

775-962-5171

Assessor's Parcel No. = 003-078-19

This document prepared by

Name: Address:

Phone:

City, State, Zip:

(and after recording please return to):

## AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA ) :ss LINCOLN COUNTY )

## 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. 64698, in Book 30, Page 610, 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; commencing at the center of said Section 8; thence North along the East line of said Northwest Quarter 1570.28 feet, thence West at right angles to said East line 514.5 feet to the true point of beginning, thence North parallel with said East line 54.13 feet; thence West at right angles 121 feet; thence South 54.13 feet along a line parallel with and distant East 24.5 feet, measured at right angles from the west line of said East half of the East half of the Northwest Quarter (E/2 E/2 NW/4); thence East at right angles to said parallel line 121 feet to the true point of beginning.
- 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 10 day of June 2009.

PEARL H. McKEE

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

Notary Public

W. CATHERINE PYLE

MOTHRY MINIC-STATE of MEMOA

Lincoln County- Nevada

CERTIFICATE # 03-81972-11

May 20, 2011

### OF VITAL RECORD

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

**DIVISION OF HEALTH VITAL STATISTICS** CERTIFICATE OF DEATH

2009009229

TYPE OR .							STATE FILE NUMBER				
PRINT IN	1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)						ATH (Mo/Day/Year)	3a. COUNTY OF	a. COUNTY OF DEATH		
PERMANENT BLACK INK	Richard		MCKEE				12, 2009		coln		
BLACK INK	3b. CITY, TOW	, OR LOCATION OF DE	ATH 3c. HOS	PITAL OR OTHER INSTITUTION	-Name(If not either, giv		icsp. or Inst. indicate ant(Specify)	DOA, OP/Emer. Rm.	4. SEX		
DECEDENT	Caliente		and name	Died at home			Home Ma				
	5. RACE While	te		6. Hispanic Origin? Specify	7a. AGE-Last birthday (Years)	7b. UNDER 1 Y		DAY 8. DATE OF BIR	TH (Mo/Day/Yr)		
	(Specify)	**		No - Non-Hispanic	86	MICS DAT	a HOURS M	Septembe	er 17, 1922		

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE

96. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED. I 12. SURVIVING SPOUSE (if wife, give 9a, STATE OF BIRTH (If not U.S.A., DIVORCED (Specify) Married maiden name) name country) **New Mexico United States** 0 13. SOCIAL SECURITY NUMBER 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of 145 KIND OF BUSINESS OR INDUSTRY Ever in US Armed Working Life, Even If Retired) Unknown/not Classifiable Unknown/not Classifiable 15a. RESIDENCE - STATE 15c. CITY, TOWN OR LOCATION 15d, STREET AND NUMBER 15a. INSIDE CITY LIMITS (Specify Yes or No) Yes Nevada Lincoln Died at home

**PARENTS** 

CERTIFIER

DEATH

CONDITIONS IF ANY WHICH

CAUSE

STATING THE

UNDERLYING CAUSE LAST

17. MOTHER - NAME (First Middle Last Suffix) 16. FATHER - NAME (First Middle Last Suffix) 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 DISPOSITION Cremation Southern Utah Crematory Cedar City Utah 84720

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY DIRECTOR LICENSE TODD BOYER Southern Nevada Mortuary 807 730 Front Street Caliente 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)	be by	22a. On the basis of examination and/or invest the time, date and place and due to the cause	
<u> </u>		0 1	TIM UMINA	SIGNATURE AUTHENTICAT
<u> </u>	21b, DATE SIGNED (Mo/Day/Yr) [21c. HOUR OF DEATH	E 9	22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH
3 🙎		& ¥	May 29, 2009	19:00

(Type or Print) 10:25 May 16, 2009 23b. LICENSE NUMBER

23s. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina P033 1050 E SR 322 Pioche, NV 89043

REGISTRAR 24a. REGISTRAR (Signature)

24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNICABLE DISEASE JENELLE BALDWIN (Mo/Day/Yr) NO X June 29, 2009 YES 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 PART I Immediate Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF Single gunshot wound to the right temple DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

**Immediate** Interval between onset and death

284 DESCRIBE HOW INJURY OCCURRED

22d. PRONOUNCED DEAD (Mo/Day/Yr)

(d) PART II

26. AUTOPSY 27. WAS CASE REFERRED TO CORONER (Specify Yes (Specify Yes or No) or No Yes

Interval between onset and death

City or Town

22e PRONOUNCED DEAD AT (Hour)

28a ACC SUICIDE HOM UNDET 128b. DATE OF INJURY (Mo/Dev/Yr) 28c. HOUR OF INJURY May 12, 2009 1900 28f. PLACE OF INJURY- At home, farm, street, factory, office 28e. INJURY AT WORK (Specify building, etc. (Specify) Yes or No) Residence

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 barret with powder burns on his right temple. STREET OR R.F.D. No. CITY OR TOWN 28a, LOCATION 21 N Spring St Callente Nevada

STATE REGISTRAR

VRS-Rev-20090602



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.

DÁTE ISSUED:

This copy is not valid ur 18/20/2009 engraved border displaying date, seal and signature of Registrar.

SIGNATURE AUTHENTICATED

