DOC # 0136280

03.08 PM

Record Official

Recording requested By FIRST AMERICAN TITLE

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$17.00

Page 1

RPTT

Recorded By: DP Book- 257 Page- 0397



A.P.N.:

002-181-06

File No:

116-2397518 (TKG)

When Recorded return to, and mail Tax Statements to:

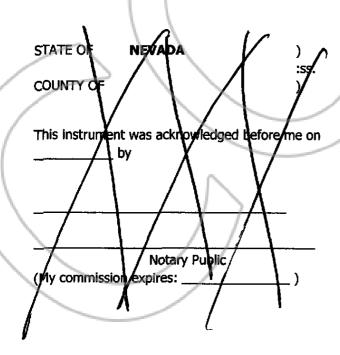
Dixie A. Tienken 997 Phillips Street Panaca, NV 89042

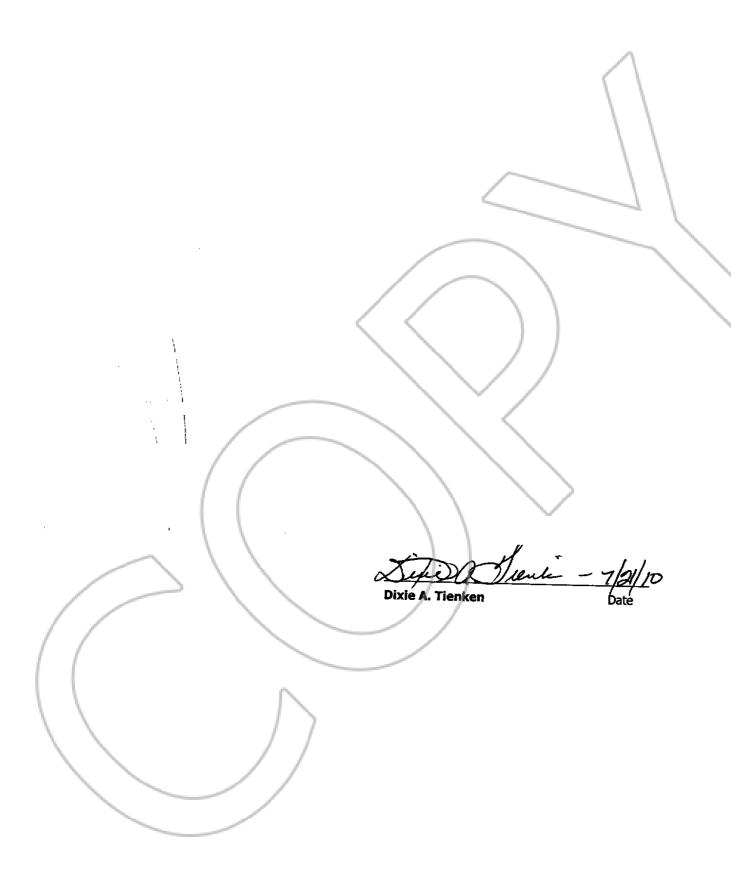
AFFIDAVIT - TERMINATING JOINT TENANCY

Dixie Tienken, of legal age, being first duly sworn, deposes and says:

That Grace Marian Davis, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as Grace Marian Davis named as one of the parties in that certain Joint Tenancy Deed dated May 15, 1959 executed by Willis Robinson and Jeanne B. Robindson to Dixle A. Tienken as joint tenants, recorded as Document No. 36649 on May 18, 1959 in Book L1, Pg 202 of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada:

THE WEST HALF OF THE SOUTH HALF OF LOT NUMBERED FOUR (4) IN BLOCK NUMBERED TWENTY-SEVEN (27), SITUATE IN THE TOWN OF PANACA, LINCOLN COUNTY, NEVADA, SAVE AND EXCEPT THE EAST THIRTY (30) FEET OF SAID SOUTH HALF OF LOT NUMBERED FOUR (4), BLOCK 27.





NEVADA Utah STATE OF) :ss. Iron COUNTY OF)

This instrument was acknowledged before me on 7-21-2010 by

> Dixie Tienken

Notary Public Dires: 8-24-13) (My commission expires: __



J 314

| CONTRACTOR OF THE CONTRACTOR | SERVICE PROPERTY | TO MANY VALUE OF STREET | į |
|------------------------------|------------------|-------------------------|---|
| \supset N OF V | ľľAL | RECORD | |

| 11-38 | | CERTIFICATE OF DEATH ETATE OF UTAH ONVISION OF HEALTH | | | | | | | | STATE FILE NUMBER |
|---|--|--|---------------------------------------|-----------------------------------|------------|--|----------------------------------|--------------------|-----------------------------|--------------------------------------|
| NAME OF DECEDENT FIRST | MOOLE | UST | | SEX | | (White, Black, Am. | , Indian, etc.) | DATE OF DEA | TH (Mo., Cir. | Ye Year) |
| | Marian Davis | | | Female | Specif | w White | | M and | 10. | 080 |
| | | | Alexa (b) | 12. | 3. | TAGE CLASS | | DER 1 year | | IIDEN 24 HOURS |
| WAS DECEDENT OF SPANISH DRIGHT YES | L (If other, specify) | UAIE OF | BH 133 (MQ., | , 100) | | Birthday) | Months | Days | Hours | |
| | | J. Ma | sy 23, | 1889 | |], 90 m. | • | | 11. | |
| BIRTHPLACE (State or foreign | CITIZEN of what country | Marrie | aXb Div | groud [] EDUC | ATION- | Specify only higher Secondary (0-12) Co | t grade comp | | . SECURITY | |
| Nebraska | U.S.A. | Never 16. Marrie | | DOMEST | many or c | 8 | Maga (12-14 ¢ | C | ONFIDI | ENTIAL |
| URIAL OCCUPATION (Give bled of work do | 18. | 1984 | SE OF INDU | 1994 | | NAME of surviving | spouse (If, wi | fo, enter malder | name.) | _ |
| norting life, even if refired.) Housewife | 130 | | | |], | John . | O. Da | vis | | \ |
| NAME OF FATHER | | | MAIDEN HAI | NE OF MOTHER | | | | | Wes deceder Arrest Force | nt over in U.S. |
| n David Boag | | | 16. | Jennie B | 100 | | | | 17. | ия в ноўр |
| USUAL RESIDENCE—(Street and number or | location and zip code) | | | INSIDE CITY | LIMITE | NAME & MAILIN | S ADDRESS (| OF INFORMANT | | V |
| P. O. Box 2 | | | | 166. YES C | X to O | 776 | 1 O. D | | | |
| CITY OR TOWN | KUNTY | | TATE | | £., | P• C | . Box | 243 | | 7 No. |
| in Panaca in | Lincoln | [, | n N | evada 🦯 | | m / Pana | ica. N | ev adá 8 | 39042 | |
| NAME of hospital, mursing home or other in (if outside an inspitution, give street address Valley View Med | ntitution where death occurred. or location.) lical Center | | Citien patie Ci E.D. per Ci DOA | iliant i 🗽 | <i>f</i> . | City | / /2 | Irc | on. |) |
| MEDICAL EXAMINER: I hereby certify that is | the best of my knowledge the de | eath occum | ed at the hou | | DA SE | HEAL EVALUATER I | STATULE ! | 71 | | of death (24 hr. clock) |
| date and place stated above from the cause investigation of the circumstances. 21s. Decedent was pronounced dand a | e itsted below beend on examin :: HOUR: 0 | nation of the NATE: | e body and/s | 213. | Æ) | 146/12 | M | 1/1/4 | W/Z | 1545 |
| PHYSICIAN: I hereby certify that to the but the hour, date and place stated above from the | | curred at | CERTIFIER | anie and Mar. | (Туре о | prior | 79 | DATE SO | WED (Mo., t | Day, Year) |
| the hour, date and place stated above from the decedent, and I last saw the decedent alive 216. | in: | | n Da | yid L. W | ilke | rsón M.D | ſ . | l _{ant} N | lay 12 | 1980 |
| If not cartified by medical examiner, was de- | th reported to him? YES 🗆 NO | il If yes, | | 'S address and zip o | | V (| | | ju | AH PHYSICIAN CENSE NUMBER |
| enter the date and hour reported: (24 hour o | | | 17 | 0 E Alta | mir. | Dr. C | Mar. | IIF. 847 | 720 | スルウ |
| 22. HOUR: MO. Buriel A Entombent D DATE | DAY YEA | UN NE of Funds | | | | FRAL HORES Name | | | | 202 |
| Removal D. Comples D | -14-80 | 1 | R s | 1 1 | \\ | Spilabu Cedar | ZYŁ\$. | Teff | 11850 | |
| HAME AND LOCATION OF CEMETERY OF C | REMATORY | 777 | Lo | Ames de | gnatury | 100 | · U | 14-19"× | d for n | glatration by |
| m. Panaca City Ceme | | Neve | 1966 | Main | <u> 19</u> | fors | Lei | - 1 | Y 13 | 1980 |
| PART L DEATH WAS CAUSED BY: IMMED (A) | we cost: conjestive hea | ort f | | no Charles por fight fig. | A 8 and | 0 | 7 | <i>In</i> | terval betwee | on onset and death |
| | OR AL A CONSEQUENCE OF | | | _ | +- | | | Tin | terval between | on onset and death |
| | arteriosclero | tic h | eart d | iisease | | | | ! | | |
| DENLYING CAUSE LAST. DUE TO | O, OR AS A CONSEQUENCE OF | | | · | _ | | | | terval between | on onest and death |
| n. (G) | <u> </u> | | | | 1 | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS IMMEDIATE CAUSE GIVEN IN PART I. | -CONTRIBUTING TO DEATH, B | UT NOT RE | LATED TO TH | E / | | / | AUTO | | | idings considered cause of death? |
| 16 | 1 | The Real Property lies | | | | / | YES D | MOD "" | YES C | |
| Accident G Pending Inv | 7. | ry (Mo., De | y, Year) | TIME OF INJURY | | | PLACE OF | | ty home, far | m, factory, freeway, |
| Manufalda II Uniqueminia | ed If Injured C. Ste. | Name of the last | | 1 fee work cross) | | YEA G NO G | street, offi | ice buildings, et | E. j | i |
| LOCATION OF INJURY—STREET AND MUS | | OR TOWN. | | Distance from plusual residence (| ace of k | njury to Were to | borntory tests or loxic chemi | | Were labore done for alc | |
| 340. | ****** | | | lam. | | Miles S7. | YES CI N | 10 (3 | 34. | MES D NO D |
| DESCRIBE HOW INJURY OCCURRED (orthogon | sequence of events which recult | ied in injury | , HATURE O | F INJURY | | | | If motor vehi | icle accident | , specify |

Date Issued Jul 15 2010

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Barry E. Nangle, State Registrar Office of Vital Statistics



David W. Blodgett

Director/Health Officer County/District Health Department

