

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 258 Page- 0437

A.P.N. 002-113-17
R.P.T.T. \$0.00
Escrow No. 40124
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Cow County Title Co
P O Box 610
Hawthorne, NV 89415



0136488

AFFIDAVIT DEATH TERMINATING A LIFE ESTATE

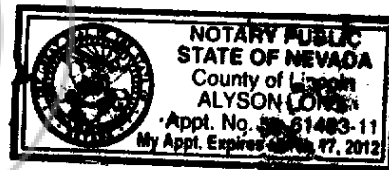
VICTORIA GILPATRICK, of legal age, being first duly sworn, deposes and says: That BARBARA S. MATHEWS, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BARBARA S. MATHEWS named as one of the parties in that certain DEED dated January 18, 1985 executed by BARBARA S. MATHEWS BY E. JANET SCHELBERG, her attorney in fact to VICTORIA ROOT as joint tenants, recorded as Instrument No. 81927, on January 22, 1985 in Book 64, of Official Records of Lincoln, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

This Affidavit is made for the sole purpose to terminate the Life Estate in favor of the decedent as created by the afformentioned deed.

Dated: September 23, 2010

VICTORIA GILPATRICK



State of Nevada

County of: Lincoln

This instrument was acknowledged before me on 9-24-2010
By VICTORIA GILPATRICK *****

Signature:
Notary Public

NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

#45-95

95 005635

TYPE OR PRINT IN PERMANENT BLACK INK		LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Barbara Ann MATHEWS			DATE OF DEATH (Month, Day, Year) 2. June 10, 1995		COUNTY OF DEATH 3a. White Pine
CITY, TOWN, OR LOCATION OF DEATH 3b. Ely		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. White Pine Care Center		If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. inpatient (Specify) 3e. Inpatient 6	SEX 4. Female
RACE—(e.g., White, Black, American-Indian, etc.) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify Yes or No if yes, specify Mexican, Cuban, Puerto Rican, etc. 6. <input type="checkbox"/>		AGE—Last Birthday (Years) 7a. 62	UNDECEASED YEAR MOS : DAYS 7b. :
STATE OF BIRTH (If not U.S.A., name country) 9a. New York		CITIZEN OF WHAT COUNTRY 9b. USA		Decedent's Education. Specify highest grade completed. 10. 20 Years	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) 14a. Secretary		KIND OF BUSINESS OR INDUSTRY 14b. District Attorney	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Panaca	STREET AND NUMBER 15d. 95 N. 3rd St.	
FATHER—NAME First Middle Last 16. William Schelberg		MOTHER—MAIDEN NAME First Middle Last 17. Edith Janet Olssen		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
INFORMANT—NAME (Type or Print) 18a. Victoria Gilpatrick			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 124 Panaca, Nevada 89042		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Panaca Cemetery		LOCATION City or Town State 19c. Panaca, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) 20a. <i>[Signature]</i>		FUNERAL DIRECTOR LICENSE NUMBER 20b. 12	NAME AND ADDRESS OF FACILITY 20c. Wilson-Bates Mortuary 19 450 Mill Street—P.O. Box 367 Ely, Nevada 89301		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</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) and manner stated. (Signature and Title) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 6/14/95	
21c. 8:30 A.M.		21d. 8:30 A.M.		22b. 8:30 A.M.	
21e. NAME OF ATTENDING PHYSICIAN—IF OTHER THAN CERTIFIER (Type or Print)		21f. NAME OF ATTENDING PHYSICIAN—IF OTHER THAN CERTIFIER (Type or Print)		22c. PRONOUNCED DEAD (Mo., Day, Yr.)	
21g. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		21h. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		22d. ON	
23a. Bruce W. Wilkin, M.D. 1500 Avenue F Ely, Nevada 89301		23b. 1500 Avenue F Ely, Nevada 89301		LICENSE NUMBER 23c. 3368	
REGISTRAR 24a. (Signature) <i>[Signature]</i>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. June 14, 1995		DEATH DUE TO COMMUNICABLE DISEASE 24c. 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) Multiple sclerosis		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (b) Multiple sclerosis		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (c) Multiple sclerosis		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. PART II Aspiration pneumonia				AUTOPSY (Specify Yes or No) 26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No					
ACC., SUICIDE, HOM. UNDET. OR PENDING INVEST (Specify) 28a. None		DATE OF INJURY (Mo., Day, Yr.) 28b. None	ICJR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d. None	
INJURY AT WORK (Specify Yes or No) 28e. None		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. None	LOCATION 28g. None	STREET OR R.F.D. No. CITY OR TOWN STATE	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH



I hereby certify that the above is a true and correct copy of the certificate on file in this office.
Issued: **JUN 29 1995**

[Signature] No. **73351**
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT



Exhibit A

File Number: 40124

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

That portion of Lot 2 in Block 16 of the Town of Panaca, lying within Sections 8 and 9, Township 2 South, Range 68 East, M.D.B.& M., more particularly described as follows:

Parcel 2 of that certain parcel map for Quentin F. and Victoria A. Gilpartick recorded October 31, 2007 in the Office of the County Recorder of Lincoln County, Nevada in Book C of Plats, page 362 as File No. 130137, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2010 – 2011: 002-113-17