

APN: 002-191-15

**AFFIDAVIT –  
TERMINATION OF  
JOINT TENANCY**



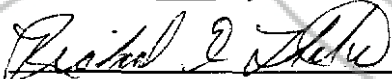
I, RICHARD EUGENE THORNTON II, an unmarried man, being of legal age, and being first duly sworn, deposed and says:

That HILDA MAXINE THORNTON, the decedent mentioned in the attached certified copy Certificate of death, is the same person as HILDA MAXINE THORNTON, named as one of the parties in that certain Grant Bargain Sale Deed dated July 8, 2010, and executed by CLARENCE R. HANSEN and LAUREL ANN MILLS, known as "Grantors" to RICHARD EUGENE THORNTON II and HILDA MAXINE THORNTON, as joint tenants with right of survivorship, known as "Grantees", and recorded as instrument numbered 0136117, on the 14th day of July, 2010, in book 257 page 0017, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

A portion of lot numbered two (2) in block numbered Forty-seven (47) in the unincorporated town of Panaca, in the County of Lincoln, State of Nevada. Described as follows. Beginning at the northwest corner of said lot two (2) Thence South 264 feet, thence East 164 feet, thence North 264 feet, thence West 164 feet to the point of the beginning, together with any and all improvements situate thereon. This will also include a (15) foot easement along the East boundary of the property.


parcel APN 002-191-15

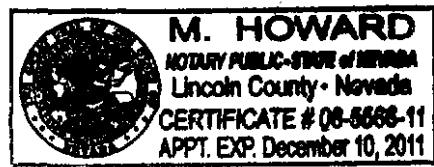
DATED this 30 day of November, 2011.

  
RICHARD EUGENE THORNTON II

STATE OF NEVADA, COUNTY OF LINCOLN

On this 30 day of November, 2011, before me, a notary public in and for said State, personally appeared RICHARD EUGENE THORNTON II known or identified to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same

  
NOTARY PUBLIC  
RESIDING AT:  
COMMISSION EXPIRES:



2011016397  
 STATE FILE NUMBER

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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Hilda Maxine THORNTON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 14, 2011</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Callente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>63</b>		7b. UNDER 1 YEAR MO'S DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 23, 1948</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Richard Eugene THORNTON II</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Janitor-custodian</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Airport</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>178 Dick and Hilda Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Malcolm Alexander DIFFIN</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Irene Adele SKIRRING</b>		
18a. INFORMANT- NAME (Type or Print) <b>Richard Eugene THORNTON II</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 811 Panaca, Nevada 89042</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 (Of Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Callente 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>RICHARD KATSCHKE M.D.</b> SIGNATURE AUTHENTICATED			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) <b>October 17, 2011</b>		21c. HOUR OF DEATH <b>14:25</b>		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Richard Katschke M.D. - P.O. Box 1010 Callente, NV 89008</b>		23b. LICENSE NUMBER <b>10509</b>			
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 24, 2011</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>Multorgan Failure</b>				Interval between onset and death <b>Weeks</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death <b>Months</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) NO	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO					
28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

408654

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: 10/24/2011

*Richard Katschke*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

