

APN: 002-191-10

**AFFIDAVIT -  
TERMINATION OF  
JOINT TENANCY**



0139936

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 A. ERVIN K. WILLE and C. DAWN WILLIE, 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 117286, on the 13<sup>th</sup> November, 2001, in book 159 page 523, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

All of Lot Numbered One (1) in Parcel Numbered Six (6) in the Town of Panaca, Nevada, as said lot and parcel is shown on the Parcel Map of a portion of the NE1/4 SW1/4 of Section 9, T.2S, R.68E., M.D.B.&M., Block 47, Panaca Townsite, prepared at the instance of Lorna D. and Larry M. Williamson. Said Parcel was filed in the Lincoln County Recorder's Office on June 5, 1990, in Book "A1" of Plats at Page 315.

Also an undivided One Fourth (1/4) interest in and to the 40 feet wide street and culdesac shown on said Parcel Map and being situated between Lots 1, 2, 3 and 4 of said Parcel Six (6).

parcel APN 002-191-10

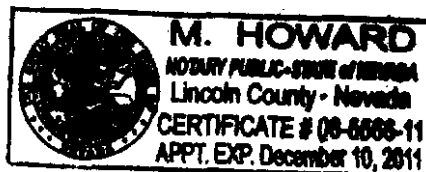
DATED this 30 day of November, 2011.

  
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:



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

2011016397 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

IF DEATH OCCURRED IN INSTITUTION USE 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

Form with fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Hilda Maxine THORNTON; 2. DATE OF DEATH (Mo/Day/year) October 14, 2011; 3a. COUNTY OF DEATH Lincoln; 3b. CITY, TOWN, OR LOCATION OF DEATH Caliente; 3c. HOSPITAL OR OTHER INSTITUTION -Name... Grover C Dils Medical Center; 4. SEX Female; 5. RACE White; 6. Hispanic Origin? No - Non-Hispanic; 7a. AGE-Last birthday (Years) 63; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1948; 9a. STATE OF BIRTH (if not U.S.A.) Washington; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 12; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (if wife, give maiden name) Richard Eugene THORNTON II; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Janitor-custodian; 14b. KIND OF BUSINESS OR INDUSTRY Airport; 15c. Ever in US Armed Forces? No; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Lincoln; 15c. CITY, TOWN OR LOCATION Panaca; 15d. STREET AND NUMBER 178 Dick and Hilda Lane; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Malcolm Alexander DIFFIN; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Irene Adele SKIRRING; 18a. INFORMANT - NAME (Type or Print) Richard Eugene THORNTON II; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 811 Panaca, Nevada 89042; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation; 19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory; 19c. LOCATION City or Town State Cedar City Utah 84720; 20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE 807; 20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 732 Front Street Caliente NV 89008; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD KATSCHKE M.D. SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) October 17, 2011; 21c. HOUR OF DEATH 14:25; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Katschke, Richard; 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); 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) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008; 23b. LICENSE NUMBER 10509; 24a. REGISTRAR (Signature) JENELLE ENGLISH SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 24, 2011; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Multiorgan Failure; (b) DUE TO, OR AS A CONSEQUENCE OF; (c) DUE TO, OR AS A CONSEQUENCE OF; (d) DUE TO, OR AS A CONSEQUENCE OF; 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

3620156



408654

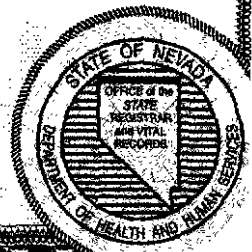
CERTIFIED COPY OF VITAL RECORDS

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

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

Signature of Registrar: Richard Katschke M.D. SIGNATURE AUTHENTICATED



VRS-Rev-20110104