

APN: 002-191-09, 002-191-12

AFFIDAVIT –
TERMINATION OF
JOINT TENANCY



0139937

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 January 2, 2001, and executed by LARRRYWILLIAMSON AND LORNA WILLIAMSON, husband and wife, co-trustees of the Larry and Lorna Williamson Family Living Trust 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 115845, on the 10th day of January, 2001, in book 153 page 01, of the official records of Lincoln County, Nevada covering the following property situated in the city of Caliente, County of Lincoln, State of Nevada.

PARCEL I:

Lot Number Two (2) of that certain Parcel Map filed in Book A1 at Page 315, in the Office of the County Recorder of Lincoln County, Nevada.

Said Parcel being a portion of Lot Number Three (3) in Block Forty-Seven (47), in the Town of Panaca.

TOGETHER WITH an undivided One-Fourth (1/4) interest in and to the 40 foot wide street and culdesac shown on said Parcel Map and situate between Lots 1, 2, 3 and 4.

PARCEL II:

Lot Number Four (4) of that certain Parcel Map filed in Book A1 at Page 315, in the Office of the County Recorder of Lincoln County, Nevada.



Said Parcel being a portion of Lot Number Four (4) in Block Forty-Seven (47), in the Town of Panaca.

TOGETHER WITH an undivided One-Fourth (1/4) interest in and to the 40 foot wide street and culdesac shown on said Parcel Map and situate between Lots 1, 2, 3 and 4.

parcel APN 002-191-09, 002-191-12

DATED this 30 day of November, 2011.



Name
Richard E. Thornton

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

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

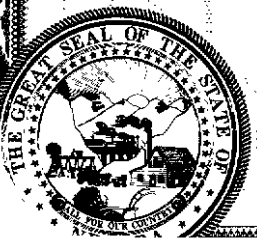
CAUSE OF DEATH

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

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(if not either, give street and number) Grover C Dils Medical Center		3d. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) March 23, 1948		9a. STATE OF BIRTH (if not U.S.A., name country) 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	
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		Ever in US Armed Forces? No	
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 OSMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD MOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) RICHARD KATSCHKE M.D. 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) October 17, 2011		21c. HOUR OF DEATH 14:25		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Katschke, Richard		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Multiorgan Failure				Weeks	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Months	
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)					
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

Richard Katschke
 SIGNATURE AUTHENTICATED

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

