Record Official Recording requested By ROBERT STEELE Lincoln County ~ NV Leslie Boucher - Recorder After recording please return to: Page 1 of 3 Fee: \$16.00 Recorded By AE Book- 269 Page- 0009 Robert Steele P.O. Box 355 City, State, Zip: Alamo, Nevada 89001 775-725-3567 Assessor's Parcel Number 011-160-34

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DUC # 0140328

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
)ss
COUNTY OF LINCOLN)

Name:

Address:

Phone:

Lois Steele, being first duly sworn, deposes and states:

- 1. I, the undersigned Affiant, am over the age of 21 years and competent to be a witness as to the matters hereinafter stated. I declare that I have knowledge of the facts stated herein.
- 2. I am Lois Steele, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on February 21, 1966, as Document No. 43694, in Book N-1, Page 47, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as a field on Richardville Road, described as follows:
 - Parcel 1: Commencing at a point 1320 feet east of the quarter corner (1/4 cor) common to Section 19, Township 6 South, Range 61 East, MDB&M; thence South 1164 feet; thence East 2210 feet; thence North 1164 feet; thence West 2210 feet to the place of beginning (contains 59 acres, more or less, in the Northwest Quarter (NW1/4) of the Southeast Quarter (SE ¼) and the Northeast Quarter (NE ¼) of the Southwest Quarter of said Section 19).
 - Parcel 2: Commencing at the quarter corner (1/4 cor) common to Sections 19 & 20, Township 6 South, Range 61 East, MDB&M; thence South 1164 feet to the Southeast corner; thence West 1750 feet to the southwest corner; thence North 1164 feet to the Northwest corner; thence East 1750 feet to the Northeast corner or to the point of beginning (contains 46.7 acres, more or less)

- 4. Thomas W. Steele ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my husband.
- 6. This affidavit is made for the purpose of terminating the joint tenancy between myself and the aforementioned decedent in the within described property, said title now vesting in me, Lois Steele, as sole owner.

DATED this the 29th day of December 2011.

Affiant

Lois Stelle

SUBSCRIBED AND SWORN to before me on

this 29 day of December

, 201**≵** by

Lois Steele

Notary Public

ALYSON HAMMOND
NOTARY PUBLIC
STATE OF NEVADA
APPT No. 99-8313-11
MY APPT EXPIRES AUG. 26, 2015

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**

		LOCAL FILE NUMBE					STATE FILE NUMBER		
TYPE PR PRIM		DECEASED—NAME First	Middle			DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
RMANE LACK II	NK	1. Thomas CITY, TOWN OR LOCATION OF		STEELE DRIOTHER INSTITUTION—NE	me (If not oither give strop	2. July 2, 2004 et and number) If Hosp. or Inst. indica	3a. Lincoln		
		зь. А1ато				Rm. Inpatient (Specify	2		
DEDE	NT	RACE—(e.g., White, Black, Ame Indian, etc.) (Specify)		5 Rodeo Drive spanic Origin? Specify □ yes X pan, Puerto Rican, etc.		3e. UNDER 1 YEAR UNDER 1 D	4. Male AY DATE OF BIRTH (Mo., Day, Yr.)		
		Indian, etc.) (Specify) 5. White	specify Mexican, Cub	ian, Puerto Rican, etc.	no if yes, AGE—Last Birthday (Yes	ars) MOS DAYS HOURS M	IINS		
TE DEATH		STATE OF BIRTH	CITIZEN OF WHI		cation. Specify highest	MARRIED, NEVER MARRIED.	February 9, 1924 SURVIVING SPOUSE (If wife, give maiden name)		
ECCURRED ASTITUTIO		(If not U.S.A., name country) 9a. Nevada	9b. U.S.	grade complete	J.	WIDOWED, DIVORCED (Specify) 11. Married	12 Lois Ellen Walch		
E HANDBO EGARDIN	G {	SOCIAL SECURITY NUMBER	USUAL OCCUPA	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Working Life, Even if Retired)					
MPLETION IDENCE IT		13.	14a. Rancl	14a Rancher 14b Agriculture					
L		RESIDENCE—STATE	COUNTY	CITY, TOWN, OF	LOCATION	STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)		
		15a. Nevada FATHER—NAME First	15b. Lincoln	15c. Alam		15d. 505 Rodeo I	Drive 150 Yes		
REN	S	_	Middle	Last	MOTHER-MAIDEN	I NAME First	Middle Last		
		16. Josep INFORMANT—NAME (Type of P		1 Steele	17.	Margery (Street or R.F.D. No., City or Town,	State Zink Stewart		
4		18a Lois E. Stee		- N	- N	/ /	,		
		BURIAL, CREMATION, REMOVA	AL. OTHER (Specify)	18b. P	.O. Box 505	Alamo, Nevada 89	City or Town State		
	-	19a.Burial _		9b. Alamo Ceme	terv	19c. Alamo	Navada		
OSITI	OW	FUNERAL DIRECTOR SIGNAT (Or Person Acting as Sun)	URE	UNERAL DIRECTOR NAM	E AND ADDRESS OF FAC				
	Or Person Acting as Stan) 100 Person Acting as Stan) 200. 15 200. 730 Front Street Caliente, Nevada 89008								
		2 21a. To the best of my kno due to the cause(s) st	owledge, death occurred at the tated.	time, date and place and	22	 a. On the basis of examination and/or inve at the time, date and place and due to t 	estigation, in my opinion death occurred		
	}	(Signature and Titte) DATE SIGNED (Mo.,	> R. WAY	MAL, MO	<u>a</u>	ignature and Title)			
24		82 21b. 07-06-	0ay, 47) HOU	PROF DEATH-	ြင့် မြ		HOUR OF DEATH		
TIFIE	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 28 PRONOUNCED DEAD (Mo., Day, Yr.) 28 PRONOUNCED DEAD (Mo., Day, Yr.) 29 PRONOUNCED DEAD (Hour)								
		NAME AND ADDRES	S OF CERTIFIER (PHYSICIAN	I, ATTENDING PHYSICIAN, M	EDICAL EXAMINER, OF C	kl. ON 2 CORONER). (Type or Print.)	22e. AT LICENSE NUMBER		
		23a R. Wil	liam Katschke			liente, Nevada 890			
ANY		REGISTRAR		DA DA	TE RECEIVED BY REGIST	THAR (Mo., Day, Yr.) DEATH DUE TO CO	OMMUNICABLE DISEASE		
H GAVE E TO DIATE	ل ا	24a. (Signature) 25. IMMEDIATE CAUSE (E.	flam P.C	Carl 241	07-06-04	24c. YES	ио⊠		
SUSE SNG THI			- 1	H LINE FOH (a), (b), AND (c).)	/ /		Interval between onset and death		
HLYING E LAST	NG PART (a) Medipitation rationer : inmediate								
		DUE TO, OR AS A	A CONSEQUENCE OF:				Interval between onset and death		
© Congstive Heart Failure Years									
									Yes or No) CORONER (Specify Yes or No) 26. No 27. Yes
	V	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	DATE OF INJURY (Mo., Day, Y	7.) HOUR OF INJURY	DESCRIBE HOW INJUR	HY OCCURAED			
	1	(Specify) 28a. INJURY AT WORK	28b.	28c. A		STREET OR R.F.D. No. CIT	Y OR TOWN STATE		
	\mathbb{T}	(Specify Yes or No) 28e.	Duliding,	ne, farm, street, factory, office etc. (Specify)	LOCATION.	STREET OR H.F.D. No. CIT	Y OR TOWN STATE		
ATH	\		28f.	<u> </u>	28g.				
			57.5	C DECICEDAD		N	o. 269875		

STATE REGISTRAR

24868

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.

JUL 1 4 2004

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

