

APN: 013-160-42

WHEN RECORDED MAIL TO and MAIL TAX
STATEMENT TO:

SHARON JOHNSON
6771 LLOYD COURT
CALIENTE, NV 89008



ESCROW NO: 00019779-118-IO

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Sharon Johnson, being first duly sworn, deposes and says that affiant is over the age of eighteen (18) years and competent to be a witness as to the matters hereinafter stated.

That affiant is one and the same person named as Sharon Johnson, an unmarried woman, one of the grantees in that certain deed recorded March 2, 2004 as Document No. 121894 in Book 184, Page 01 in the office of the County Recorder of Lincoln County, State of Nevada.

See Exhibit A attached hereto and made a part hereof.

That Kenneth E. Johnson was one of the grantees named in said deed and was the identical person named as Kenneth E. Johnson, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

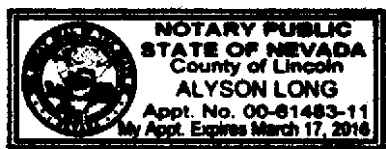
Sharon Johnson

On this 11th September 2013
appeared before me, a Notary Public,
Sharon Johnson

personally known or proven to me to be the person(s)
whose name(s) is/are subscribed to the above
instrument, who acknowledged that he/she/they
executed the instrument for the purposes therein
contained.

Notary Public

My commission expires: March 17, 2014





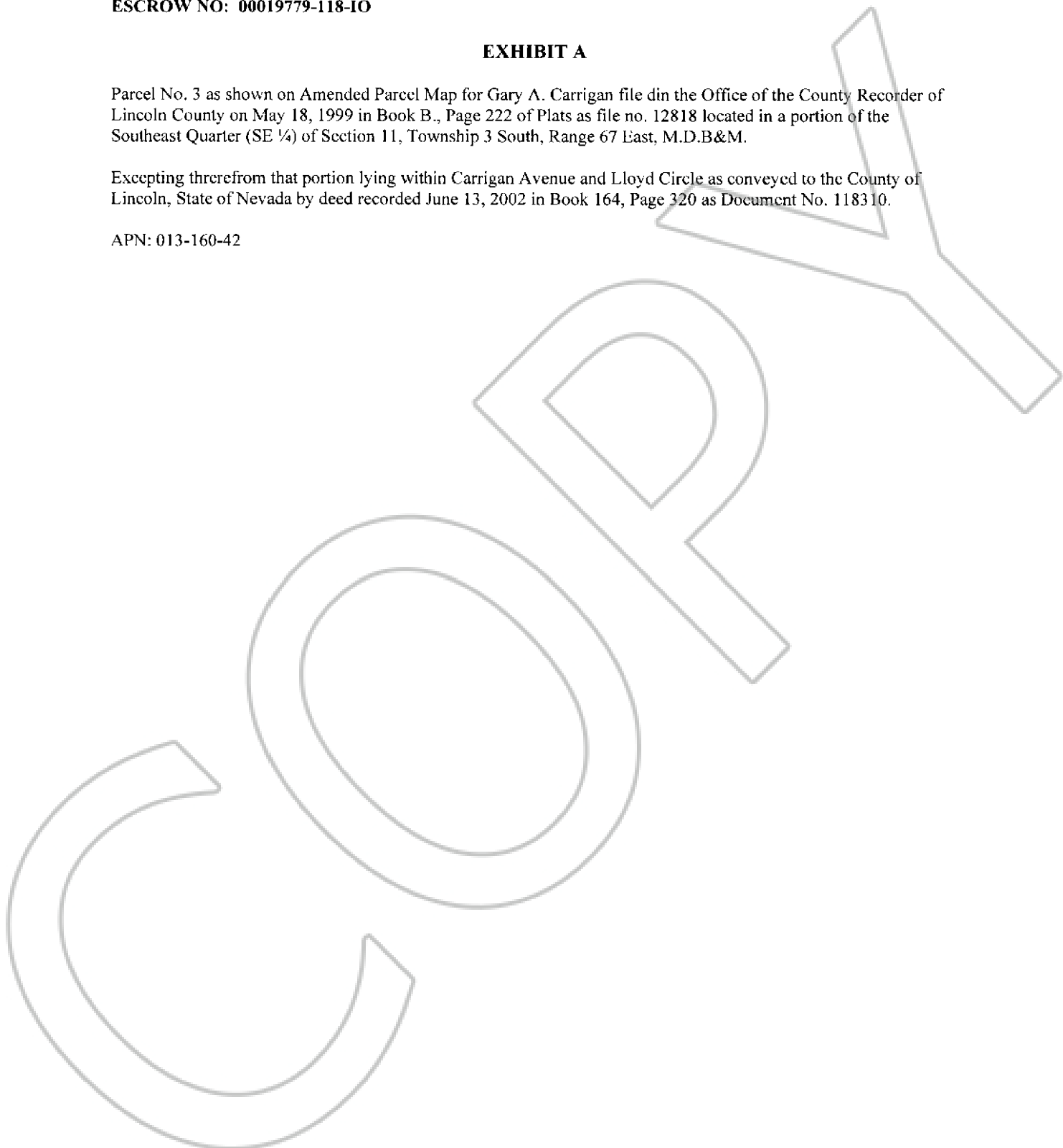
ESCROW NO: 00019779-118-10

EXHIBIT A

Parcel No. 3 as shown on Amended Parcel Map for Gary A. Carrigan file in the Office of the County Recorder of Lincoln County on May 18, 1999 in Book B., Page 222 of Plats as file no. 12818 located in a portion of the Southeast Quarter (SE ¼) of Section 11, Township 3 South, Range 67 East, M.D.B&M.

Excepting therefrom that portion lying within Carrigan Avenue and Lloyd Circle as conveyed to the County of Lincoln, State of Nevada by deed recorded June 13, 2002 in Book 164, Page 320 as Document No. 118310.

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

2013008918
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) Kenneth Earl JOHNSON		2. DATE OF DEATH (Mo/Day/Year) May 21, 2013		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		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Emergency Room / Outpatient	
4. SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 25, 1940		9a. STATE OF BIRTH (if not U.S.A., name country) Oklahoma		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 9		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Sharon Louise FLETCHER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Welder		14b. KIND OF BUSINESS OR INDUSTRY Gas	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 6771 Lloyd Court		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alexander JOHNSTON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nora Elma WILLIAMS		
18a. INFORMANT - NAME (Type or Print) Sharon Louise JOHNSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 123 Caliente, Nevada 89008			
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 (Or Person Acting as Such) TODD BOYER 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) May 23, 2013		21c. HOUR OF DEATH 16:40		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) BIANCA GALEANO SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 03, 2013		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) Cardiac Arrest Interval between onset and death Hours					
(b) DUE TO, OR AS A CONSEQUENCE OF: Respiratory Failure Interval between onset and death Weeks					
(c) DUE TO, OR AS A CONSEQUENCE OF: Chronic Obstructive Pulmonary Disease Interval between onset and death Years					
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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

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: **06/06/2013**

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

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

