

Official Record

Recording requested By
RONALD ROUNSVILLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 282 Page- 0267



0144070

After recording please return to:)
 Name: Ronald Rounsville)
 Address: Po Box 983)
 City, State, Zip: Caliente NV 89008)
 Phone: 775-962-3285)
 Assessor's)
 Parcel Number 013-170-33)

-----Above This Line Reserved For Official Use Only-----

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA)
)ss
 COUNTY OF Lincoln)

Ronald Rounsville, 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 Ronald Rounsville, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on June 20 2000, as Document No. 114695, in Book 148, Page 561 562 of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 2500 James Road, described as follows:

The Northwest quarter (NW 1/4) of The Southwest quarter (SW 1/4) of The Southeast quarter (SE 1/4) Section 14, Township 3 South Range 07 East, M.D.B. & M., Lincoln County, Nevada



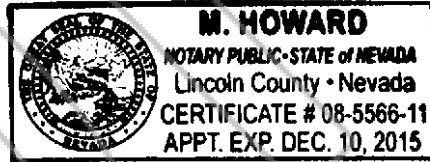
- 4. Wyvonn Rounsiville ("the decedent") was one of the Grantees, named in said Deed, and is the decedent in the attached certified Death Certificate. The date and place of the decedent's death are set forth in the certified death certificate that is attached hereto and incorporated herein by this reference.
- 5. The decedent was my wife.
- 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, Ronald D Rounsiville, as sole owner.

DATED this 8 day of October, 2013,

Ronald D Rounsiville
Affiant

SUBSCRIBED AND SWORN to before me on this 8 day of October, 2013 by Ronald Duane Rounsiville.

M. Howard
Notary Public



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

TYPE OR PRINT IN PERMANENT BLACK INK

CEMENT

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

RENTS

POSITION

CERTIFIER

CONDITIONS ANY CH GAVE USE TO IMMEDIATE CAUSE DURING THE PREVIOUS 24 HOURS

USE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Wyvonn Sinyard Rounville		2. February 20, 2006		3a. Lincoln		COUNTY OF DEATH	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Caliente		3c. Grover C. Dils Medical Center		3e. OP/Emer. Rm.		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR UNDER 1 DAY	
5. White		6. <input checked="" type="checkbox"/> No		7a. 66		7b. 66 7c. 66	
8. Dec 3, 1939		DATE OF BIRTH (Mo., Day, Yr.)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)	
9a. Oklahoma		CITY OF WHAT COUNTRY		10. 12		11. Married	
9b. USA		10. 12		11. Married		12. Ronald D. Rounville	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY			
13. [REDACTED]		14a. Homemaker		14b. Own Home			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Caliente		15d. HC 34 James Rd	
15e. Yes		INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Melvon Cole Sinyard		17. Foy Robbins		INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Ronald D. Rounville		18b. P.O. Box 983 Caliente, NV 89008		BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Cremation		19b. Southern Utah Crematory		19c. Cedar City, Utah		LOCATION City or Town State	
20a. [Signature]		20b. 15		20c. P.O. Box 747 Caliente, Nevada 89008		NAME AND ADDRESS OF FACILITY	
20d. [Signature]		20e. 15		20f. Wiscombe Funeral Home, Inc.			
21a. [Signature]		21b. Feb 21, 2006		21c. 09:35		21d. [Signature]	
21e. [Signature]		21f. [Signature]		21g. [Signature]		21h. [Signature]	
21i. [Signature]		21j. [Signature]		21k. [Signature]		21l. [Signature]	
21m. [Signature]		21n. [Signature]		21o. [Signature]		21p. [Signature]	
21q. [Signature]		21r. [Signature]		21s. [Signature]		21t. [Signature]	
21u. [Signature]		21v. [Signature]		21w. [Signature]		21x. [Signature]	
21y. [Signature]		21z. [Signature]		22a. [Signature]		22b. [Signature]	
22c. [Signature]		22d. [Signature]		22e. [Signature]		22f. [Signature]	
22g. [Signature]		22h. [Signature]		22i. [Signature]		22j. [Signature]	
22k. [Signature]		22l. [Signature]		22m. [Signature]		22n. [Signature]	
22o. [Signature]		22p. [Signature]		22q. [Signature]		22r. [Signature]	
22s. [Signature]		22t. [Signature]		22u. [Signature]		22v. [Signature]	
22w. [Signature]		22x. [Signature]		22y. [Signature]		22z. [Signature]	
23a. R. William Katschke, M.D. P.O. Box 1010 Caliente, NV 89008		23b. 10509		REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. Feb 21, 2006		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		DEATH DUE TO COMMUNICABLE DISEASE	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		PART I		(a) Sudden Cardiac Death		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		PART II		(b) Pulmonary Emboli		Same Day	
DUE TO, OR AS A CONSEQUENCE OF:		PART III		(c) Nicotine Dependence		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		PART IV		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		Weeks	
DUE TO, OR AS A CONSEQUENCE OF:		PART V		AUTOPSY (Specify Yes or No)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		PART VI		26. No		27. No	
DUE TO, OR AS A CONSEQUENCE OF:		PART VII		28a. [Signature]		28b. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART VIII		28c. [Signature]		28d. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART IX		28e. [Signature]		28f. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART X		28g. [Signature]		28h. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XI		28i. [Signature]		28j. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XII		28k. [Signature]		28l. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XIII		28m. [Signature]		28n. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XIV		28o. [Signature]		28p. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XV		28q. [Signature]		28r. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XVI		28s. [Signature]		28t. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XVII		28u. [Signature]		28v. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XVIII		28w. [Signature]		28x. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XIX		28y. [Signature]		28z. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XX		28aa. [Signature]		28ab. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXI		28ac. [Signature]		28ad. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXII		28ae. [Signature]		28af. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXIII		28ag. [Signature]		28ah. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXIV		28ai. [Signature]		28aj. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXV		28ak. [Signature]		28al. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXVI		28am. [Signature]		28an. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXVII		28ao. [Signature]		28ap. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXVIII		28aq. [Signature]		28ar. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXIX		28as. [Signature]		28at. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXX		28au. [Signature]		28av. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXI		28aw. [Signature]		28ax. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXII		28ay. [Signature]		28az. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXIII		28ba. [Signature]		28bb. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXIV		28bc. [Signature]		28bd. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXV		28be. [Signature]		28bf. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXVI		28bg. [Signature]		28bh. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXVII		28bi. [Signature]		28bj. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXVIII		28bk. [Signature]		28bl. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XXXIX		28bm. [Signature]		28bn. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XL		28bo. [Signature]		28bp. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLI		28bq. [Signature]		28br. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLII		28bs. [Signature]		28bt. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLIII		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLIV		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLV		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLVI		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLVII		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLVIII		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART XLIX		28bu. [Signature]		28bv. [Signature]	
DUE TO, OR AS A CONSEQUENCE OF:		PART L		28bu. [Signature]		28bv. [Signature]	

STATE REGISTRAR

No. 270158

105333

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: FEB 28 2006

[Signature]
 STATE REGISTRAR

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

