

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$19.00 Page 1 of 6

RPTT: Recorded By: LB

Book- 286 Page- 0616

A.P.N. 002-181-06

R.P.T.T. \$0.00

Escrow No. 46920

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Dixie Tienken

PO Box 646

Panaca, NV 89042



0145330

AFFIDAVIT DEATH OF JOINT TENANT

This document being re-recorded to correct the Grantee in the referenced Joint Tenancy Deed from Dixie A. Tienken to the following:

JOHN O. DAVIS and GRACE M. DAVIS, husband and wife as joint tenants



CERTIFICATION OF COPY

State of Nevada }
County of Lincoln } ss.

I, Leslie Boucher, the duly elected, qualified and acting County Recorder of Lincoln County, in the State of Nevada, do hereby certify that the foregoing is a true, full and correct copy of the original Affidavit – Terminating Joint Tenancy now on file in this office,
in Book 257 of Official Records Page 397-400
as Document Number 0136280

IN WITNESS WHEREOF, I have set my hand and affixed the Seal of my office, in Pioche, Nevada, on Wednesday, April 23, 2014 at 1:39 PM

Leslie Boucher

Leslie Boucher Recorder

[Handwritten Signature]

Amy Elmer Deputy Recorder

Heather Boyce Deputy Recorder



Official Record

Recording requested by
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4

RPTT: Recorded By: DP

Book- 257 Page- 0397

A.P.N.: 002-181-06
File No: 116-2397518 (TKG)



When Recorded return to, and mail Tax Statements to:
Dixie A. Tienken
997 Phillips Street
Panaca, NV 89042

AFFIDAVIT - TERMINATING JOINT TENANCY

Dixie Tienken, of legal age, being first duly sworn, deposes and says:

That **Grace Marian Davis**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Grace Marian Davis** named as one of the parties in that certain **Joint Tenancy Deed** dated **May 15, 1959** executed by **Willis Robinson and Jeanne B. Robindson** to **Dixie A. Tienken** as joint tenants, recorded as Document No. **36649** on **May 18, 1959** in Book **L1, Pg 202** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

THE WEST HALF OF THE SOUTH HALF OF LOT NUMBERED FOUR (4) IN BLOCK NUMBERED TWENTY-SEVEN (27), SITUATE IN THE TOWN OF PANACA, LINCOLN COUNTY, NEVADA, SAVE AND EXCEPT THE EAST THIRTY (30) FEET OF SAID SOUTH HALF OF LOT NUMBERED FOUR (4), BLOCK 27.

STATE OF **NEVADA**)

COUNTY OF)

:SS.

This instrument was acknowledged before me on

by

Notary Public

(My commission expires: _____)



0145330

Book: 299
Page: 619

04/25/2014
Page: 4 of 5



0130200

Page: 338
Page: 2 of 3

COPY

Dixie A. Tienken - 7/21/10
Date

Dixie A. Tienken

Date



0145330

Book: 286
Page: 320

04/25/2014
Page: 5/13

STATE OF ~~NEVADA~~ Utah)
COUNTY OF Iron)
:ss.

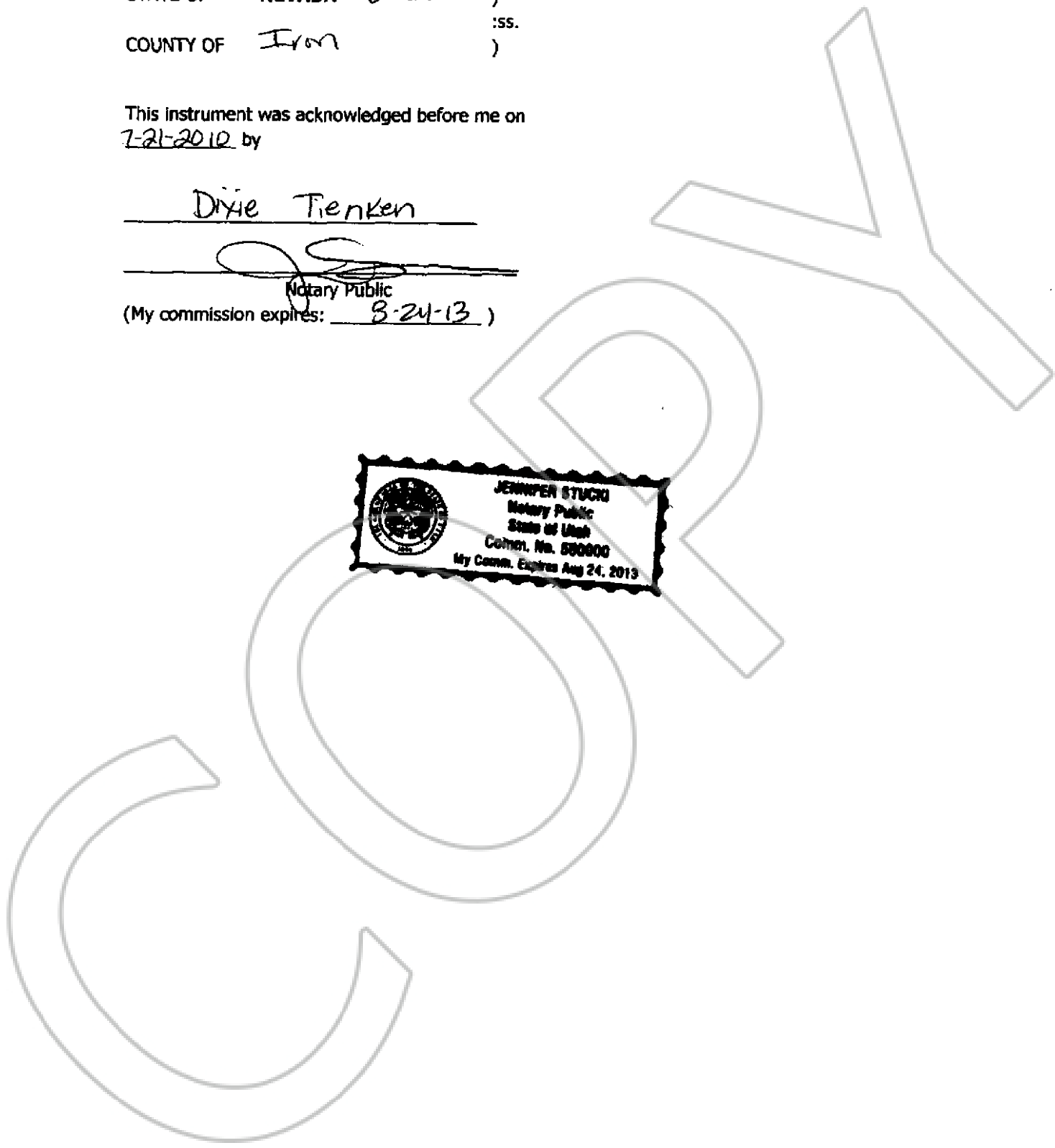
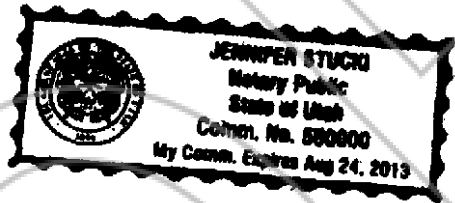
This instrument was acknowledged before me on
7-21-2010 by

Dixie Tienken

[Signature]

Notary Public

(My commission expires: 8-24-13)





**DEPARTMENT OF UTAH
OFFICE OF VITAL RECORDS**



11-38

**CERTIFICATE OF DEATH
STATE OF UTAH - DIVISION OF HEALTH**

LOCAL FILE NUMBER 11-38		STATE FILE NUMBER					
NAME OF DECEDENT Grace Marian Davis		SEX Female	RACE (White, Black, Am. Indian, etc.) White	DATE OF DEATH (Mo., Day, Year) May 10, 1980			
WAS DECEDENT OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, indicate type: Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other <input type="checkbox"/> If other, specify:		DATE OF BIRTH (Mo., Day, Year) May 23, 1889	AGE Last Birthday 90 Yrs.	IF UNDER 1 year Months Days	IF UNDER 24 HOURS Hours Minutes		
BIRTHPLACE (State or foreign country) Nebraska	CITIZEN of what country U.S.A.	Married <input checked="" type="checkbox"/> Never <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="checkbox"/>	EDUCATION—Specify only highest grade completed: Elementary or Secondary (8-12) College (13-16 or 17+) 8		SOCIAL SECURITY NUMBER CONFIDENTIAL		
USUAL OCCUPATION (Give total of work done during most of working life, even if retired.) Housewife		KIND OF BUSINESS OR INDUSTRY		NAME of surviving spouse (if, wife, enter maiden name.) John O. Davis			
NAME OF FATHER David Boag		MAIDEN NAME OF MOTHER Jennie B. Whitney		Was decedent ever in U.S. Armed Forces? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
USUAL RESIDENCE—(Street and number or location and zip code) P. O. Box 243		CITY OR TOWN Panaca	COUNTY Lincoln	STATE Nevada	NAME & MAILING ADDRESS OF INFORMANT John O. Davis P. O. Box 243 Panaca, Nevada 89042		
NAME of hospital, nursing home or other institution where death occurred. (If outside an institution, give street address or location.) Valley View Medical Center		CITY OR TOWN Cedar City	COUNTY Iron	NAME of physician (Type or print) David L. Wilkerson M.D.			
MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the cause stated below based on examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at: HOUR: DATE:		PHYSICIAN'S SIGNATURE <i>David L. Wilkerson</i>		TIME of Death (24 hr. clock) 1545			
PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the cause stated below, that I attended the decedent, and I last saw the decedent alive at: HOUR: DATE:		CERTIFIER'S name (Type or print) David L. Wilkerson M.D.		DATE SIGNED (Mo., Day, Year) May 12, 1980			
If not certified by medical examiner, was death reported to him? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, enter the date and hour reported: (24 hour clock)		CERTIFIER'S address and zip code 170 E Altamira Dr. Cedar, Ut. 84720		UTAH PHYSICIAN LICENSE NUMBER 3152			
burial <input checked="" type="checkbox"/> Removal <input type="checkbox"/>	Enshroument <input type="checkbox"/> Committal <input type="checkbox"/> Other <input type="checkbox"/>	DATE 5-14-80	SIGNATURE of Funeral Director <i>Clark</i>		FUNERAL HOME—Name, address and license number Spilisbury & Gruff #185 Cedar City, Utah 84720		
NAME AND LOCATION OF CEMETERY OR CREMATORY Panaca City Cemetery Panaca, Nevada		LOCAL HEALTH OFFICER'S SIGNATURE <i>Barry E. Nangle</i>		Date accepted for registration by MAY 13 1980			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE: (A) congestive heart failure		(Enter only one death per (A), B and C)		Interval between onset and death			
CONDITIONS IF ANY WHICH MAY BE CAUSE OF THE IMMEDIATE CAUSE (B) arteriosclerotic heart disease				Interval between onset and death			
(A) STATING THE UNDERLYING CAUSE LAST. (C) SUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death			
PART II. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If YES, were findings considered in determining cause of death? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/>	Pending Investigation <input type="checkbox"/> Undetermined if Injured Accidentally or Purposely <input type="checkbox"/>	DATE of Injury (Mo., Day, Year)	TIME OF INJURY (24 Hour Clock)	HOUR AT WORK YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PLACE OF INJURY (Specify home, farm, factory, freeway, street, office buildings, etc.)		
LOCATION OF INJURY—STREET AND NUMBER OR LOCATION AND CITY OR TOWN.		Distance from place of injury to usual residence (1980 18)	Were laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)		If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.					

Date Issued JUL 15 2010

This is an exact reproduction of the document registered in the State Office of Vital Statistics. Security features of this official document include: Intaglio Border, V & R Images in top cycloids, ultra violet fibers and hologram image of the Utah State Seal, over the words "State of Utah". This document displays the date, seal and signature of the State Registrar and the County/District Health Officer.



Barry E. Nangle
Barry E. Nangle, State Registrar
Office of Vital Statistics



David W. Blodgett
David W. Blodgett
Director/Health Officer
County/District Health Department

