

Official Record

Recording requested By
FRANK SIMKINS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 294 Page- 0253

APN: 012-200-21 and 012-120-08

WHEN RECORDED MAIL TO and MAIL TAX
STATEMENT TO:

FRANK SIMKINS
P.O. BOX 449
PANACA, NV 89042



0147158

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NV)
) ss.
COUNTY OF Lincoln)

Frank W. Simkins, 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 Frank W Simkins, one of the grantees in that certain deed recorded April 1st, 1977 as Document No. 59285 in Book 19 page 652 in the office of the County Recorder of Lincoln County, State of Nevada.

See Exhibit A attached hereto and made a part hereof.

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

Frank W. Simkins
Frank W. Simkins

On this 1st day of April 2015
appeared before me, a Notary Public,
Frank W. Simkins 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.

Nichole Carter
Notary Public

My commission expires: Nov. 13, 2017

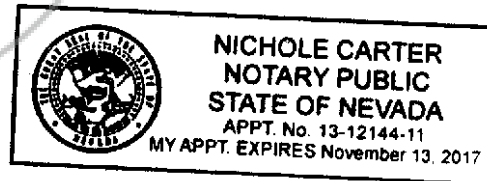


EXHIBIT A

The East Half of the Northeast Quarter of the Northeast Quarter (E $\frac{1}{2}$ NE $\frac{1}{4}$ NE $\frac{1}{4}$), Section 17, Township 2 South, Range 68 East, M.D.B. & M., consisting of 20 acres, more or less, and

A parcel of land in the Southwest Quarter of the Southwest Quarter (SW $\frac{1}{4}$ SW $\frac{1}{2}$), Section 1, Township 2 South, Range 68 East, M.D.B. & M., described as follows: Beginning at the point 24- $\frac{1}{3}$ rods west and 19 rods south of the northeast corner of said Southwest Quarter of the Southwest Quarter (SW $\frac{1}{4}$ SW $\frac{1}{4}$), and running thence in a westerly direction along the north side of the canal for a distance of 42 rods and 12 feet to the intersection of said canal with the east line of Findlay's land; thence south along the east line of Findlay's land 82 rods and 7 feet to the north line of what was formerly Nelson's land; thence easterly along the north line of what was formerly Nelson's land 15- $\frac{1}{3}$ rods to the slough; thence northerly along the west side of the slough 60 rods to the southwest corner of what was formerly N.J. Wadsworth's field; and thence north 40 rods to the place of Beginning; all being a portion of State Land Patent No. 1809 issued May 21, 1883 to Christian P Ronnow and distributed to Dan J Ronnow in Decree of Distribution of the Estate of C.P. Ronnow, Deceased, on November 13, 1911 Consisting of 16.5 acres, more or less, and together with any and all water and water rights appurtenant thereto

The above-described property is located in Lincoln County, Nevada, and there is reserved therefrom a right of way, not to exceed on rod in width, across the above-described tract of land from west to east, for the use of the adjoining piece of land on the west, owned by the Findlay Family.

2011011662
 STATE FILE NUMBER

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

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Chloe Wadsworth SIMKINS		2. DATE OF DEATH (Mo/Day/Year) July 19, 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		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Emergency Room / Outpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 74		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1936		9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Frank SIMKINS	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Clerk		14b. KIND OF BUSINESS OR INDUSTRY Food	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 10 South 3rd Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Benjamin Leroy WADSWORTH			17. MOTHER/PARENT - NAME (First Middle Last Suffix) LeOra Bobbie FARNSWORTH		
18a. INFORMANT - NAME (Type or Print) Frank SIMKINS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 449 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		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 <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21. 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. <i>SIGNATURE AUTHENTICATED</i>			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) July 21, 2011		21c. HOUR OF DEATH 19:29		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) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 29, 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) Cardiopulmonary Arrest				Hours	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				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: 08/01/2011

R. D. Wadsworth
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

