

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- 0256

APN: 012-200-05

WHEN RECORDED MAIL TO and MAIL TAX
STATEMENT TO:

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



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 September 26th, 1961 as Document No. 38630 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

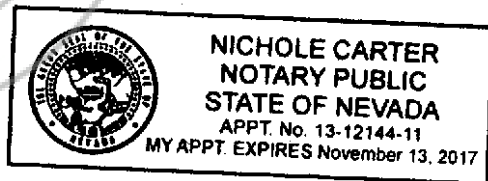




EXHIBIT A

BEGINNING 250 feet East of the Center of this NW ¼ of Sec 17, thence n. 2 38" W. 393 ft; thence North 87 18' E. 1653.3 feet to Flood Control; thence S. 53 49' W. along Flood Control 1142.7 feet; then N. 82 40' W. 711.5 feet; thence N. 2 38' W 70 feet, to POB; located in the E ¼ of NW ½ and in SW ½ of NW ¼ of NE ¼ of Section 17, T.2 S., R. 68E., M.D.B. & M. and comprising 15 ¼ acres.

TOGETHER with all water and water rights, ditch and ditch rights appurtenant thereto.

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

2011011662
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) 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		7a. AGE-Last birthday (Years) 74		8. DATE OF BIRTH (Mo/Day/Yr) December 08, 1936	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS DAYS	
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		14b. KIND OF BUSINESS OR INDUSTRY Food	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Clerk		15. INSIDE CITY LIMITS (Specify Yes or No) Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 10 South 3rd Street		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		21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>SIGNATURE AUTHENTICATED</i> RICHARD KATSCHKE M.D.			
21b. DATE SIGNED (Mo/Day/Yr) July 21, 2011		21c. HOUR OF DEATH 19:29		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)	
22b. DATE SIGNED (Mo/Day/Yr)		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 (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)			
Interval between onset and death Hours		26. AUTOPSY (Specify Yes or No) No			
Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No			
Interval between onset and death		28a. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
Interval between onset and death		28b. DATE OF INJURY (Mo/Day/Yr)			
Interval between onset and death		28c. HOUR OF INJURY			
Interval between onset and death		28d. DESCRIBE HOW INJURY OCCURRED			
Interval between onset and death		28e. INJURY AT WORK (Specify Yes or No)			
Interval between onset and death		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
Interval between onset and death		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

Rud Wadsworth
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

