



After recording please return to:

W. LAVOY HAFEN
PO BOX 816
PANACA, NV 89042
(775) 728-4545

APN: 002-103-10

AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.425(5) and NRS 111.365

STATE OF NEVADA)
) SS
COUNTY OF ELKO)

TINA M. JONES, 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 TINA M. CARDON, having received the subject property as such, the same person named as one of the grantees named in that certain Grant, Bargain, and Sale Deed recorded on October 15, 1998, as Document No. 111752, in Book 137, Page 574, 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 Assessor's Parcel Number 002-103-10, described as follows:

Lot No. 29 of the Sun Gold Manor, Unit No. 1, Town of Panaca, County of Lincoln, State of Nevada.

4. KENNETH C. HAFEN, ("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 BROTHER.

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, TINA M. JONES, as sole owner.

DATED this 21 day of December, 2015.

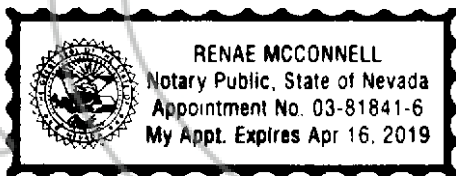
Tina M. Jones
Affiant TINA M. JONES

The foregoing instrument was acknowledged before me on December 21, 2015
by Tina M. Jones
TINA M. JONES

Rena Mcconnell
Notary Public, for said County and State

Witness my hand and official seal.

My commission expires: April 16, 2019



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STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF VITAL RECORDS



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

2015004029
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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 Charles Verdon HAFEN		2. DATE OF DEATH (Mo/Day/Year) March 04, 2015		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) 50 South 2nd Street Home		4. SEX Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 37	
9a. STATE OF BIRTH (If not U.S.A.,) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Brittney DelRae BINGLEY		8. DATE OF BIRTH (Mo/Day/Yr) March 27, 1977	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Automotive	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 50 South 2nd Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wendell LaVoy HAFEN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Ann BARNUM		
18a. INFORMANT- NAME (Type or Print) Brittney DelRae HAFEN			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 326 Panaca, Nevada 89042		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 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) CHASE D DIRKS 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) CHASE D DIRKS SIGNATURE AUTHENTICATED		
21b. DATE SIGNED (Mo/Day/Yr) March 12, 2015		21c. HOUR OF DEATH 02:34		22b. DATE SIGNED (Mo/Day/Yr) March 12, 2015	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Guita Tabassi D.O.		22c. HOUR OF DEATH 02:34		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 04, 2015	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D DIRKS 1050 E SR 322 Pioche, NV 89043				23b. LICENSE NUMBER 40	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 12, 2015		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) Acute Lymphocytic Leukemia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Extensive Metastasis In The Lungs Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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) Yes					
28a. ACC. SUICIDE, HOMICIDE, 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: **3/12/2015**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

