

Official RecordRecording requested By
FIRST AMERICAN TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LB

Book- 302 Page- 0690

A.P.N.: 013-170-18
File No: 119-2502505 (EDH)



When Recorded return to, and mail Tax Statements to:
Keith D. Barnett
HC 34 Box 36
Caliente, NV 89008

AFFIDAVIT - TERMINATING JOINT TENANCY

Keith D. Barnett, of legal age, being first duly sworn, deposes and says:

That **Elma Atkin Barnett**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Elma Atkin Barnett** named as one of the parties in that certain **Grant Bargain Sale Deed** dated **3-22-96** executed by **J. Scott Coley and Patricia R. Coley to Keith D. Barnett and Elma Atkin Barnett** as joint tenants, recorded as Document No. **105033** on **4-2-96** in Book **118** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

THE SOUTHWEST QUARTER (SW 1/4) OF THE SOUTHEAST QUARTER (SE 1/4) OF THE NORTHEAST QUARTER (NE 1/4) OF SECTION 14, TOWNSHIP 3 SOUTH, RANGE 67 EAST, M.D.B. & M.



DE UTAH
CERTIFICATE OF VITAL RECORD

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-701 STATE FILE NUMBER _____

1. NAME OF DECEDENT FIRST MIDDLE LAST: Elma Atkin BARNETT 2. SEX: Female 3a. DATE OF DEATH (Mo., Day, Yr): Nov 23, 2000 3b. TIME OF DEATH (24 hr clock): 0041

4. DATE OF BIRTH (Mo., Day, Yr): Nov 29, 1924 5. AGE - Last Birthday: 75 6. BIRTHPLACE (City & State or Foreign Country): St. George, UT 7. SOCIAL SECURITY NUMBER: CONFIDENTIAL

8a. PLACE OF DEATH (check only one): 1. Inpatient 2. ER/Outpatient 3. DOA 4. Nursing Home 5. Residence (any) 6. Porter's Nursing Home 7. Other (specify): _____

8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (if outside a facility, give street address of location): PORTER'S NURSING HOME

8c. CITY, TOWN OR LOCATION OF DEATH: St. George 8d. COUNTY OF DEATH: Washington 9. SURVIVING SPOUSE (if wife, give maiden name): Keith D BARNETT

10. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? 1. Yes 2. No 11. MARITAL STATUS: 1. Never Married 2. Married 3. Widowed 4. Divorced 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired): Homemaker 12b. KIND OF BUSINESS OR INDUSTRY: Own Home

13a. RESIDENCE - STREET AND NUMBER: P.O. Box 464 13b. CITY, TOWN, OR COMMUNITY: Caliente 13c. COUNTY: Lincoln 13d. STATE: NV

14. WAS DECEDENT OF HISPANIC ORIGIN? (if yes, Specify): 1. Yes 2. No
 1. Mexican 2. Cuban 3. Puerto Rican 4. Other (Specify): _____

15. RACE - Black, White, Am Indian (Inde may be entered), Japanese, etc. (Specify): White 16. EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12) College (13-16 or 17+) 8

17. FATHER'S NAME (First, Middle, Last): Richard Henry ATKIN 18. MAIDEN NAME OF MOTHER (First, Middle, Last): Juliette MARLER

19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: Keith D BARNETT Spouse P.O. Box 464, Caliente, NV 89008

20. METHOD OF DISPOSITION: 1. Entombment 2. Donation 3. Other 4. Burial 5. Cremation 6. Removal

21a. DATE OF DISPOSITION: Nov 27, 2000 21b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place): Conaway Veterans 21c. LOCATION - City or Town, State: Caliente, NV 89008

22. SIGNATURE OF FUNERAL SERVICE LICENSEE: [Signature] 23. LICENSEE NUMBER: 364211 24. FUNERAL HOME (Name and address): Metcalf Mortuary

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN: 10/07/2000 26. If not certified by medical examiner, was death reported to M.E. Case No. RB HR 0920 MO 12 DAY 1 YEAR 00 26b. West St. George Blvd St. George, UT 84770

27a. CERTIFIER: 1. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.

27b. SIGNATURE AND TITLE OF CERTIFIER: [Signature] 27c. LICENSE NUMBER: 164563 27d. DATE SIGNED (Mo., Day, Yr): 11/24/00

28. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31): Robert P. RIGNELL M.D. 515 South 300 East #105, St. George, UT

29. REGISTRAR'S SIGNATURE: [Signature] 30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo., Day, Yr): DEC 5 2000 30b. DATE FILED (Mo., Day, Yr): _____

31. PART 1. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. cardiac arrest underlying heart disease
 IMMEDIATE CAUSE (disease or condition resulting in death) a. _____ b. _____ c. Coronary Thrombosis d. _____
 SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (disease or injury that initiated events resulting in death). LAST

32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: 1. Probably contributed to the cause of death. 2. Was the underlying cause of death. 3. Did not contribute to the cause of death. 4. Is unknown in relation to the cause of death. 5. NON-USER 6. UNKNOWN IF USER

33a. WAS AN AUTOPSY PERFORMED? 1. Yes 2. No 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1. Yes 2. No

34. MANNER OF DEATH: 1. Natural 2. Accident 3. Suicide 4. Homicide 5. Undetermined if injured purposefully or accidentally 6. Pending investigation

35a. DATE OF INJURY (Mo., Day, Yr): _____ 35b. TIME OF INJURY (24 Hour Clock): _____ 35c. INJURY AT WORK? 1. Yes 2. No 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): _____ 35e. LOCATION (Street or rural route number, city or town, county and state.): _____ 35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian: _____ 35g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 31): _____

Date Issued
MAR 16 2016

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Richard J. Oborn
 Richard J. Oborn, MPA
 State Registrar
 Rev. 1/16

065305114

David W. Blodgett
 David W. Blodgett, MD
 Director/Health Officer

