

Official Record

Recording requested By  
WALTER WILCOX

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: AE

Book- 305 Page- 0055



0149976

After recording please return to: )  
 Name: WALTER WILCOX )  
 Address: PO BOX 224 )  
 City, State, Zip: CALIENTE, NEVADA 89003 )  
 Phone: \_\_\_\_\_ )  
 Assessor's )  
 Parcel Number 003-635-06 )

-----Above This Line Reserved For Official Use Only-----

**AFFIDAVIT TERMINATING JOINT TENANCY**

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF NEVADA )  
 )ss  
 COUNTY OF LINCOLN )

WALTER E. WILCOX, being first duly sworn, deposes and states:

- 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.
- I am WALTER E. WILCOX, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on SEPTEMBER 24, 2004, as Document No. 123119, in Book 191, Page 361, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.
- The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as 240 N MAIN ST, CALIENTE, NV 89003, described as follows:

ALL OF LOT NUMBERED SEVEN (7) IN BLOCK NUMBERED THREE (3) IN THE CITY OF CALIENTE, NEVADA, AS SAID LOT AND BLOCK ARE DELINEATED ON THE OFFICIAL PLAT OF SAID CITY, NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY, AND TO WHICH SAID PLAT AND THE RECORDS THEREOF REFERENCE IS HEREBY MADE FOR FURTHER PARTICULAR DESCRIPTION.

- 4. CAROLYN R. WILCOX ("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 WIFE.
- 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, WALTER E. WILCOX, as sole owner.

DATED this 18 day of July, 2016,

State of Nevada  
 County of Lincoln  
 SUBSCRIBED AND SWORN to before me on  
 this 18th day of July, 2016 by  
Walter Wilcox

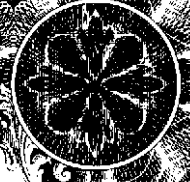
Walter Wilcox  
 Affiant WALTER WILCOX

Shannon M. Simpson  
 Notary Public





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



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

CERTIFICATE OF DEATH

2015002230  
 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 STARTING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Carolyn R WILCOX</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 17, 2015</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and city) <b>Grover C Diis Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/ Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>70</b>	
9a. STATE OF BIRTH (If not U.S.A.) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>Librarian</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>12 North Spring Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>James Bill ROBERTS</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Dorothy NOLAN</b>			
18a. INFORMANT - NAME (Type or Print) <b>Walter E WILCOX</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 224 Caliente, Nevada 89008</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Conaway Memorial Park Veterans Cemetery</b>		19c. LOCATION City or Town State <b>Caliente Nevada 89008</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOHN R ROGERS MD</b> SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 19, 2015</b>		21c. HOUR OF DEATH <b>10:40</b>		22a. PRONOUNCED DEAD AT (Hour)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>JOHN R ROGERS MD PO Box 1010 Caliente, NV 89008</b>				23b. LICENSE NUMBER <b>12629</b>	
24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 13, 2015</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Aspiration Pneumonia</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Stroke</b> DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Atrial Fibrillation</b> DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death <b>Days</b> Interval between onset and death <b>Week</b> Interval between onset and death <b>Years</b> Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>Unknown Etiology</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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:

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

2/13/2015

*Rod Whitt*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

