

Official Record

Recording requested By LYNN WOOD

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LB
Book- 308 Page- 0473



After recording please return to:
Name: Lynn Wood
Address: PO Box 266
City, State, Zip: Caliente, NV.
Phone: 775-962-1907
Assessor's Parcel Number: 003-092-03

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AFFIDAVIT TERMINATING JOINT TENANCY

Pursuant to NRS 40.525(5) and NRS 111.365

STATE OF Nevada )
)ss
COUNTY OF Lincoln )

Lynn Wood, 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 Lynn Wood, the same person named as one of the grantees named in that certain Joint Tenancy Deed recorded on June 15, 1978, as Document No. 62085, in Book 25, Page 593, 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 Caliente, described as follows:

Lot Numbered (12) as shown on the Amended Plat of the Lincoln Park Addition, to the City of Caliente, Lincoln County, Nevada



4. Michael L. Wood ("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 Husband.

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, Lynn Wood, as sole owner.

DATED this 13 day of June, 2017,

Lynn Wood  
Affiant

SUBSCRIBED AND SWORN to before me on this 13<sup>th</sup> day of January, 2017 by Ethel Lynn Wood.

M. Howard  
Notary Public



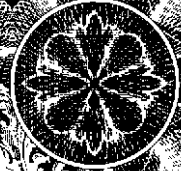


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# NEVADA OF VITAL RECORD



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

2011016186

STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

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) <b>Michael L WOOD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 10, 2011</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 number) <b>446 McArthur</b>		3e. If Hosp. or Inst. Indicate DOA,OP,Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispenc Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>64</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 26, 1946</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Ethel Lynn BRADSHAW</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Ndot</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Government</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>446 McArthur</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>WOODS</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Earlene LESICKA</b>		18a. INFORMANT - NAME (Type or Print) <b>Leslie Michael WOODS JR</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 543 Caliente, Nevada 89008</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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) <b>RICHARD KATSCHKE M.D.</b> <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) <b>October 11, 2011</b>		21c. HOUR OF DEATH <b>03:00</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
		22b. DATE SIGNED (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
		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>Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008</b>				23b. LICENSE NUMBER <b>10509</b>	
24a. REGISTRAR (Signature) <b>JENELLE ENGLISH</b> <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 19, 2011</b>		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) <b>Multiorgan Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Severe Dementia</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death <b>Weeks</b> Interval between onset and death <b>Years</b> Interval between onset and death <b>_____</b> Interval between onset and death <b>_____</b>	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
26a. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED					
28a. 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: 10/19/2011

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

*R. English*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

VRS-Rev-20110104

