

Official Record

Recording requested By
DAVID C. JOHNSON

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$42.00 Page 1 of 4
RPTT: Recorded By: AE
Book- 308 Page- 0481



0150840

APN: 002-142-01

AFFIDAVIT TERMINATING JOINT TENANCY

KENNETH O. EDWARDS, being first duly sworn, deposes and says that affiant is of legal age and competent to be a witness as to the matters hereinafter stated.

That affiant is the person named as **KENNETH O. EDWARDS**, one of the grantees in that certain deed recorded April 30, 1981, as Document No. 72246 in Book 44, Page 150, in the Office of the County Recorder of Lincoln County, State of Nevada; land therein described as follows:

EXHIBIT "A"
LEGAL DESCRIPTION

That **OSBORNE EDWARDS** was one of the grantees named in said deed and is the identical person named as **OSBORNE EDWARDS**, the Decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

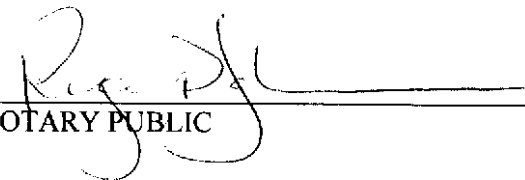
Dated Dec 17 2016

KENNETH O. EDWARDS
1313 Teton Street
Las Vegas, Nevada 89101



STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

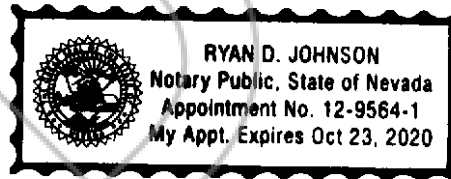
On 15 Dec 16 personally appeared before me, a Notary Public, **KENNETH O. EDWARDS**, personally known to me (or proved by satisfactory evidence) to be the person whose name is subscribed to the above instrument and who acknowledged that he executed the above instrument.



NOTARY PUBLIC

Please return recorded Affidavit to:

JOHNSON & JOHNSON
1160 N. Town Center Drive, Suite 390
Las Vegas, Nevada 89144



Mail Tax Statements to:

KENNETH O. EDWARDS
1313 Teton Street
Las Vegas, Nevada 89101

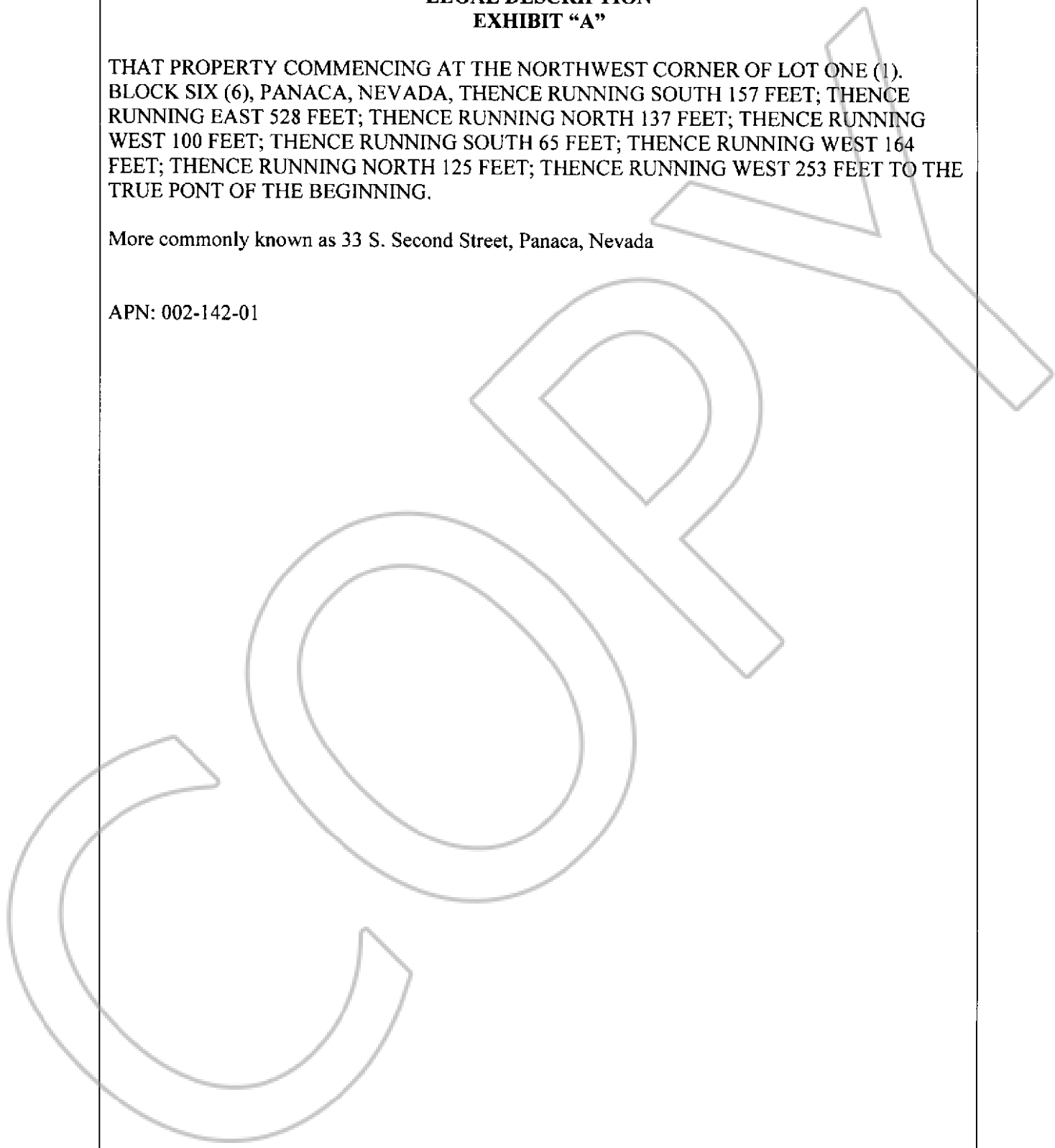


**LEGAL DESCRIPTION
EXHIBIT "A"**

THAT PROPERTY COMMENCING AT THE NORTHWEST CORNER OF LOT ONE (1), BLOCK SIX (6), PANACA, NEVADA, THENCE RUNNING SOUTH 157 FEET; THENCE RUNNING EAST 528 FEET; THENCE RUNNING NORTH 137 FEET; THENCE RUNNING WEST 100 FEET; THENCE RUNNING SOUTH 65 FEET; THENCE RUNNING WEST 164 FEET; THENCE RUNNING NORTH 125 FEET; THENCE RUNNING WEST 253 FEET TO THE TRUE POINT OF THE BEGINNING.

More commonly known as 33 S. Second Street, Panaca, Nevada

APN: 002-142-01



**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
 STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
 CERTIFICATE OF DEATH**

90 003135

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last George Osborne EDWARDS		DATE OF DEATH (Month, Day, Year) 2 April 25, 1990	COUNTY OF DEATH 3a. Lincoln
CITY, TOWN, OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Grover C. Dils Medical Center	If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) 3e. Inpatient
RACE—(e.g. White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes. specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 87
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 12
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Laborer/Retired 889	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	DATE OF BIRTH (Mo., Day, Yr.) 8. January 6, 1903
FATHER—NAME First Middle Last 16. George Lee Edwards		MOTHER—MAIDEN NAME First Middle Last 17. Minerva Woods	SURVIVING SPOUSE (if wife, give maiden name) 12. Eldona Abbott
INFORMANT—NAME (Type or Print) 18a. Kenneth O. Edwards -Son		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 1313 Teton Street, Las Vegas Nevada 89101	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Panaca City Cemetery	LOCATION City or Town State 19c. Panaca Nevada
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 27	NAME AND ADDRESS OF FACILITY 20c. Palm Mortuary 1325 No. Main St. Las Vegas, Nevada
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature]		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) and manner stated. (Signature and Title) [Signature]	
DATE SIGNED (Mo., Day, Yr.) 21b. 4-30-90		HOUR OF DEATH 21c. 1:25 A.M.	
22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23a. Joseph D. Wilkin M.D. P O Box 472 Panaca Nevada 89042		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		PRONOUNCED DEAD (Hour) 22e. AT	
LICENSE NUMBER 23b. 3849		22f. AT	
REGISTRAR 24a. [Signature]	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 4-30-90	DEATH DUE TO COMMUNICABLE DISEASE 24c. 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		Interval between onset and death Minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Pulmonary Failure		Week	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Pulmonary Embolus		Weeks	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	DESCRIBE HOW INJURY OCCURRED 28d.
INJURY AT WORK (Specify Yes or No) 28e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	LOCATION 28g.	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 015604

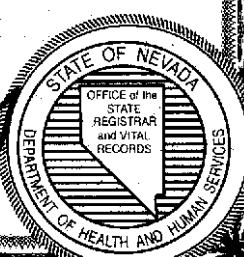


CERTIFIED COPY OF VITAL RECORDS

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: **NOV 28 2016**

Cody Phingy
 STATE REGISTRAR



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