

Official RecordRecording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$42.00

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RPTT:

Recorded By: AE

Book- 313 Page- 0077

A.P.N.: 002-061-03
File No: 116-2522465 (dp)When Recorded return to, and mail Tax Statements to:
Carol A. Norman
680 Serotina Court
Mount Pleasant, SC 29464**AFFIDAVIT - TERMINATING JOINT TENANCY****Carol A. Norman**, of legal age, being first duly sworn, deposes and says:

That **Michael P. Norman**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Michael P. Norman** named as one of the parties in that certain **Joint Tenancy Deed** dated **06/25/1998** executed by **Gerald Bradshaw, Colleen Bradshaw Flinspach, Joyce Bradshaw Mattson Slack and Kenneth Bradshaw** to **Michael P. Norman and Carol A. Norman, husband and wife**, as joint tenants, recorded as Document No. **111230** on **06/30/1998** in Book **135**, page **451** of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada :

A PARCEL OF LAND SITUATED WITHIN BLOCK 23, OF THE TOWN OF PANACA, IN SECTION 9, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B. &M., BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT ON THE EASTERLY RIGHT-OF-WAY OF 3RD STREET, AND THE NW CORNER OF SAID PARCEL OF LAND WHENCE THE NW CORNER OF SAID SECTION 9 , BEARS NORTH 15°28'10" WEST, A DISTANCE OF 516.79 FEET;

THENCE SOUTH 00°22'04" EAST, ALONG THE SAID RIGHT-OF-WAY A DISTANCE OF 205.73 FEET TO THE SW CORNER OF SAID PARCEL OF LAND, SAID POINT BEING THE SW CORNER OF SAID BLOCK 23;

THENCE NORTH 89°30'13" EAST, LEAVING SAID RIGHT-OF-WAY A DISTANCE OF 396.00 FEET TO THE SE CORNER OF SAID PARCEL OF LAND;

THENCE NORTH 00°22'04" WEST, A DISTANCE OF 205.73 FEET TO THE NE CORNER OF SAID PARCEL OF LAND;

THENCE SOUTH 89°30'14" WEST, A DISTANCE OF 396.00 FEET TO THE NW CORNER OF SAID PARCEL OF LAND AND THE POINT OF BEGINNING

NOTE : THE ABOVE METES AND BOUND DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED JUNE 30, 1998, IN BOOK 135, PAGE 449, AS INSTRUMENT NO.111230



* 2 0 1 1 0 4 0 0 0 5 3 7 0 *

F OKLAHOMA
 CERTIFICATE OF DEATH

STATE FILE NUMBER 2011-005370

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) MICHAEL PAUL NORMAN						1a. LAST NAME PRIOR TO FIRST MARRIAGE		2. SEX MALE			
3. SOCIAL SECURITY NUMBER		4. EVER IN US ARMED FORCES? YES		5a. AGE- Last birthday (years) 69		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo/Day/Yr) JUNE 16, 1941	
7. BIRTHPLACE (City and State or Foreign Country) BELL, CALIFORNIA				8a. RESIDENCE-State OKLAHOMA		8b. RESIDENCE-County PUSHMATAHA		8c. RESIDENCE-City or Town TUSKAHOMA			
8d. RESIDENCE-Zip Code 74574		8e. RESIDENCE-Inside City Limits? NO		8f. RESIDENCE-Street and Number HC 64 BOX 2210				8g. RESIDENCE-Apt. Number			
9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown						10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)					
11. FATHER'S NAME (First, Middle, Last) EMANUAL PAUL NORMAN						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) HAZEL VIRGINIA PETERSON					
13. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO				14. DECEDENT'S RACE WHITE				15. DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED			
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) TRANSMISSION SYSTEM OPERATOR						17. KIND OF BUSINESS / INDUSTRY POWER					
18a. INFORMANT'S NAME BUCK JONES				18b. RELATIONSHIP TO DECEDENT FRIEND		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) HC 64 BOX 2210, TUSKAHOMA, OKLAHOMA, 74574					
19. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify)				20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) SCIENCE CARE				21. LOCATION - City, Town and State 19301 E 23RD AURORA, COLORADO			
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY CLAYTON FUNERAL HOME, THIRD AND DIVISION, CLAYTON, OKLAHOMA, 74536						23. FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH DON W. McCARN					
						24. FH ESTABLISHMENT LICENSE # 1061ES					

25. PLACE OF DEATH (Check only one: see instructions)													
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival						IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify):							
26. FACILITY NAME (If not institution, give street & number) HC 64 BOX 2210				27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH TUSKAHOMA, OKLAHOMA, 74574				28. COUNTY OF DEATH PUSHMATAHA					
29. DATE OF DEATH (Mo/Day/Yr) JANUARY 5, 2011		30. TIME OF DEATH 13:45		31. WAS MEDICAL EXAMINER CONTACTED? NO		32. WAS AN AUTOPSY PERFORMED? NO		33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.										Approximate interval: Onset to death		35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC TONGUE CANCER Due to (or as a consequence of):													
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of):													
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. _____ Due to (or as a consequence of):													
d. _____													
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year				38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown					
39. DATE OF INJURY (Mo/Day/Yr)		40. TIME OF INJURY		41. PLACE OF INJURY (e.g., Decedent's home; construction site; wooded area)				42. DESCRIBE HOW INJURY OCCURRED:		43. INJURY AT WORK?			
44. LOCATION OF INJURY: State: City or Town: Zip Code:				45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)									
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER 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. Certifier: GERALD RANA, DO						47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) GERALD RANA, DO 806 HWY 2 NORTH WILBURTON, OKLAHOMA 74578							
						48. LICENSE NUMBER 3417		49. DATE CERTIFIED (Mo/Day/Yr) JANUARY 19, 2011					
50. REGISTRAR'S SIGNATURE <i>Kelly M Baker</i>						52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr) MARCH 25, 2011							

+ DENOTES AMENDED ITEMS:
 Item 3 REQUESTED W/ DOCUMENTATION BY FUNERAL HOME : 03/23/2012 CW.

Wednesday, July 12, 2017 9:19:04 AM

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



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D03128059

This is a true and correct copy of the official record on file in the Office of Vital Statistics, Oklahoma City, Oklahoma, certified on the date stamped.

Kelly M. Baker
State Registrar
Office of Vital Statistics
Department of Health



It is in violation of Oklahoma Statutes, Title 63, Section 1-324.1, to "prepare or issue any certificate which purports to be original, certified copy or copy of a certificate of birth, death or stillbirth, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND. THE BACK CONTAINS SPECIAL LINES WITH TEXT, EMBOSSED SEAL AND THERMOCHROMIC INK.