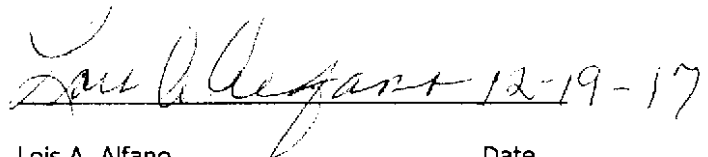


**Official Record**Recording requested By  
FIRST AMERICAN TITLE COMPANYLincoln County - NV  
Leslie Boucher - RecorderFee: \$35.00 Page 1 of 3  
RPTT: Recorded By: AE  
Book- 316 Page- 0303

0153445

A.P.N.: 003-078-04  
File No: 116-2526256 (dp)When Recorded return to, and mail Tax Statements to:  
Lois Alfano  
P.O. Box 392  
Caliente, NV 89008**AFFIDAVIT - TERMINATING JOINT TENANCY****Lois A. Alfano**, of legal age, being first duly sworn, deposes and says:That **Richard Alfano**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Richard Alfano** named as one of the parties in that certain **Quitclaim Deed** dated **02/09/2010** executed by **Richard Alfano** to **Richard Alfano and Lois A. Alfano, husband and wife**, as joint tenants, recorded as Document No. **0135384** on **02/12/2010** in Book - of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :**BEING A PORTION OF THE EAST HALF (E1/2) OF THE EAST HALF (E1/2) OF THE NORTHWEST QUARTER (NW1/4) OF SECTION 8, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B. &M., COMMONLY KNOWN AS HOUSE NO. 5 IN THE RAILROAD ROW, AND MORE PARTICULARLY DESCRIBED AS FOLLOWS:****COMMENCING AT THE CENTER OF SAID SECTION 8;  
THENCE NORTH ALONG THE EAST LINE OF SAID (NW1/4), 596.40 FEET;  
THENCE WEST AT RIGHT ANGLES TO SAID EAST LINE, 514.50 FEET TO THE TRUE POINT OF BEGINNING;  
THENCE NORTH PARALLEL WITH SAID EAST LINE, 54.04 FEET;  
THENCE WEST AT RIGHT ANGLES, 121.00 FEET;  
THENCE SOUTH 54.04 FEET ALONG A LINE PARALLEL WITH AND DISTANT EAST 24.50 FEET, MEASURED AT RIGHT ANGLES FROM THE WEST LINE OF SAID (E1/2) OF THE (E1/2) OF THE (NW1/4);  
THENCE EAST AT RIGHT ANGLES TO SAID PARALLEL LINE, 121.00 FEET TO THE TRUE POINT OF BEGINNING;****NOTE: THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED SEPTEMBER 28, 2007, IN BOOK 235, PAGE 693, AS INSTRUMENT NO. 129991.**  
Lois A. Alfano

Date



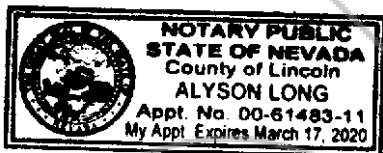
STATE OF **NEVADA** )  
 )  
 ) :ss.  
COUNTY OF **Lincoln** )

This instrument was acknowledged before me on this:  
11th day of December 2017

By: **Lois A. Alfano**

Alyson Long

Notary Public  
(My commission expires: MARCH 17, 2020)



COPIES

**STATE OF NEVADA**  
**OFFICE OF VITAL RECORDS**

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

CASE FILE NO. 3946754

**CERTIFICATE OF DEATH**

2017005053  
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 STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Richard Dee ALFANO</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 14, 2017</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>101 Cemetery Lane</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>79</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>August 16, 1937</b>		9a. STATE OF BIRTH (if not USCA, name country) <b>Washington</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Lois Ann FAIRBANKS</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) <b>General Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</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>101 Cemetery Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		15f. Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Eugene Richard ALFANO</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Florentina OAKS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Lois Ann ALFANO</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 392 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> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</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 Be Completed by CERTIFYING PHYSICIAN 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>SIGNATURE AUTHENTICATED</b> <b>MINESH AMIN DO</b>			22a. To Be Completed by CORONER'S OFFICE 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) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) <b>March 20, 2017</b>		21c. HOUR OF DEATH <b>11:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>Minesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146</b>		23b. LICENSE NUMBER <b>DO1591</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 21, 2017</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				Interval between onset and death	
(a) <b>Chronic obstructive pulmonary disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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, HOM., 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.

3/27/2017

DATE ISSUED:

*Cody D. Phinney*  
SIGNATURE AUTHENTICATED  
STATE REGISTRAR

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

