



OFFICIAL RECORD  
LESLIE BOUCHER, RECORDER

After recording please return to: )  
Name: Donna Thornton )  
Address: 178 Dick and Hilda Lane )  
City, State, Zip: Panaca, NV 89043 )  
Phone: )  
Assessor's )  
Parcel Number 002-191-10 )

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

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA }  
COUNTY OF LINCOLN }

Donna Thornton, 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 matter hereinafter stated. I declare that I have knowledge of the facts stated herein.
2. I am Donna Thornton, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on February 6, 2017, as document # 0150913, in book 309, page 102, of the official records in the Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deed is located in Lincoln County, Nevada commonly known as Panaca and described as follows:

**ALL OF LOT NUMBERED ONE (1) IN PARCEL NUMBERED SIX (6) IN THE TOWN OF PANACA, NEVADA, AS SAID LOT AND PARCEL IS SHOWN ON THE PARCEL MAP OF A PORTION OF THE NE1/4 SW/14 OF SECTION 9, T.2S., R.683., M.D.B&M., IN BLOCK 47, PANACA TOWNSITE, PREPARED AT THE INSTANCE OF LORNA D. AND LARRY M. WILLIAMSON. SAID PARCEL WAS FILED IN THE LINCOLN COUNTY RECORDER'S OFFICE ON JUNE 5, 1990, IN BOOK "A1" OF PLATS AT PAGE 315.**

**ALSO AN UNDIVIDED ONE FOURTH (1/4) INTERESTED IN AND TO THE 40 FEET WIDE STREET CULDESAC SHOWN ON SAID PARCEL MAP AND BEING SITUATED BETWEEN LOTS 1, 2, 3, AND 4 OF SAID PARCEL SIX (6).**

4. Richard E. Thornton, (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 death certificate and incorporated herein by this reference.

5. The Decedent was the Husband of Affiant.
6. This Affidavit is made for the purpose of terminating the Joint Tenancy between myself and the Decedent in the described property, said title now vesting in me, Donna Thornton, as sole owner

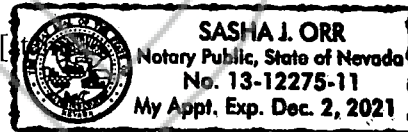
WITNESS this 22 day of June, 2018.

Donna Thornton

Donna Thornton  
Affiant

This instrument was subscribed and sworn to before me on this 22 day of June 2018 by Donna Thornton.

Sasha J. Orr  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3998208

**CERTIFICATE OF DEATH**

2018000495  
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 Eugene THORNTON II</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 10, 2018</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 Inpatient (Specify) <b>Grover C. Diis Medical Center Emergency Room / Outpatient</b>		4. SEX <b>Male</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE - Last birthday (Years) <b>72</b>	
9a. STATE OF BIRTH (If not US/CA, (Name, Country) <b>Ohio</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>Donna Jeanne TINGEN</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of <b>Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Airlines</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>178 Dick Hilda Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT NAME (First Middle Last Suffix) <b>Richard E THORNTON SR</b>	
17. MOTHER/PARENT NAME (First Middle Last Suffix) <b>Norma Jean MERRITT</b>		18a. INFORMANT NAME (Type or Print) <b>Donna THORNTON</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 811 Panaca, Nevada 89042</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/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>MATTHEW RICHARD HOYLE SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD312</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 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>R WILLIAM KATSCHKE MD SIGNATURE AUTHENTICATED</b>					
21b. DATE SIGNED (Mo/Day/Yr) <b>January 12, 2018</b>		21c. HOUR OF DEATH <b>08:50</b>		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>R William Katschke MD P.O. Box 1010 Caliente, NV 89008</b>		23b. LICENSE NUMBER <b>10509</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
24a. REGISTRAR (Signature) <b>MELISSA KNIGHT SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 12, 2018</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>(a) Cardiac Arrest</b>		Interval between onset and death <b>Minutes</b>		26. AUTOPSY (Specify Yes or No) <b>No</b>	
<b>(b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease</b>		Interval between onset and death <b>Years</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
<b>(c) DUE TO, OR AS A CONSEQUENCE OF: Hyperlipidemia</b>		Interval between onset and death <b>Years</b>			
<b>(d) DUE TO, OR AS A CONSEQUENCE OF: Hypertension</b>		Interval between onset and death			
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

000704374



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:

1/16/2018

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

SIGNATURE AUTHENTICATED

