

APN 003-084-09

When Recorded and Mail  
Tax Statement to:

Dotty Hull  
P.O. Box 357  
Caliente, NV 89008



OFFICIAL RECORD  
AMY ELMER, RECORDER

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF LINCOLN    )

DOTTY SHARON HULL, being first duly sworn, deposes and says that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That affiant is DOTTY SHARON HULL the person named as Joint Tenants, one of the grantees in that certain deed recorded September 15, 2015 as Document No. 0148319 in Book 298, Page 0271, all of lot 18 and the east one-half of lot 17 in block 16 of the Alice Culverwell addition of the city of Caliente, NV. Together with any and all building and improvement situated there on, of Official Records in the Office of the County Recorder of Lincoln County, State of Nevada.

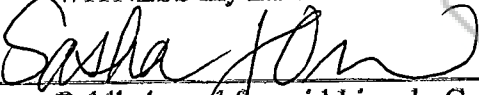
That DOROTHY K. CARTER was one of the grantees named in said deed and was the identical person named as DOROTHY K. CARTER, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

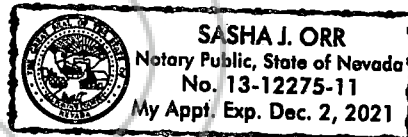
Dotty Sharon Hull  
DOTTY SHARON HULL

APN 003-084-09

On this 27 day of June, 2019, before me the undersigned, a Notary Public in and for said state, personally appeared DOTTY SHARON HULL, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

WITNESS my hand and official seal.

  
\_\_\_\_\_  
Notary Public in and for said Lincoln County  
and State of Nevada



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

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

CASE FILE NO. 4074252

**CERTIFICATE OF DEATH**

2019006396  
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>Dorothy A CARTER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>March 28, 2019</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 Dils Medical Center Inpatient</b>		4. SEX <b>Female</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) <b>96</b>	
9a. STATE OF BIRTH (if not US/CA, name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
11. MARITAL STATUS (Specify) <b>Widowed</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) <b>May 21, 1922</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of		14b. KIND OF BUSINESS OR INDUSTRY <b>Own Business</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>360 Main Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>George Arthur KAY</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Vera Edna HOUGHTON</b>		
18a. INFORMANT - NAME (Type or Print) <b>Dotty Sharon HULL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 357 Caliente, Nevada 89008</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Monah City Cemetery</b>		19c. LOCATION City or Town State <b>Monah Utah 84645</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 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>R WILLIAM KATSCHKE MD</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)			
21b. DATE SIGNED (Mo/Day/Yr) <b>April 02, 2019</b>		21c. HOUR OF DEATH <b>01:34</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>R William Katschke MD P.O. Box 1010 Caliente, NV 89008</b>				23b. LICENSE NUMBER <b>10509</b>	
24a. REGISTRAR (Signature) <b>ANGELICA RAMIREZ</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 02, 2019</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>Respiratory Failure</b>				Days	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) <b>Heart Failure</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) <b>Atrial Fibrillation</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) <b>Hypertension</b>				Years	
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.		28h. CITY OR TOWN STATE	

STATE REGISTRAR

000762417



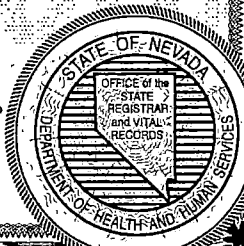
CERTIFIED COPY OF VITAL RECORDS

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: **APR 03 2019**

*Julie Katschke*  
STATE REGISTRAR

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



Official Record

Recording requested By  
DOTTY SHARON HULL

Lincoln County - NV  
Leslie Boucher - Recorder  
Fee: \$29.00 Page 1 of 1  
RPTT: Recorded By: HB  
Book- 259 Page- 0271



After recording please return to: )  
Name: Dotty hull )  
Address: 360 Main Street )  
P.O. Box 337 )  
City, State, Zip: Caliente, Nevada )  
Phone: \_\_\_\_\_ )  
Assessor's \_\_\_\_\_ )  
Parcel Number 003-084-09 )

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

QUIT CLAIM DEED

THIS INDENTURE WITNESSETH:

That Dotty Sharon Hull, in consideration of TEN DOLLARS (\$10.00), the receipt of which is hereby acknowledged, do(es) hereby remise, release, and forever quitclaim to Dorothy K. Foster and Dotty Sharon Hull as Joint Tenants with Rights of Survivorship, all that real property situated in the town of Caliente, County of Lincoln, State of Nevada, more particularly described as follows: (Insert legal description and the commonly known address in the space provided.)

All of lot 18 and the east one-half of lot 17 in block 16 of the Alice Culverwell addition of the City of Caliente Nv Together with any and all building and improvement situated there on.

Commonly known as \_\_\_\_\_

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

WITNESS \_\_\_\_\_ hand(s) this 15 day of Sept, 2014, 2015

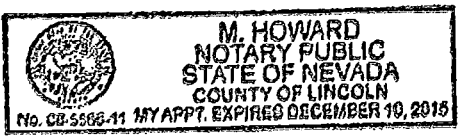
Dotty Sharon Hull  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantor

STATE OF NEVADA )  
COUNTY OF LINCOLN )

This instrument was acknowledged before me on this 15 day of September, 2014 by \_\_\_\_\_ and \_\_\_\_\_

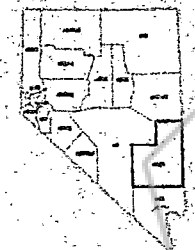
M. Howard  
NOTARY PUBLIC



P.O. Box 357



# Lincoln County, Nevada



Assessor Home   Personal Property   Sales Data   Secured Tax Inquiry   Recorder Search

**Parcel Detail for Parcel # 003-084-09**

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[Back to Search List](#)