

LINCOLN COUNTY, NV

2019-156995

\$35.00

Rec:\$35.00

09/13/2019 09:50 AM

FA NV DIRECT TITLE

Pgs=4 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 002-131-10
File No: 116-2557190 (dp)

When Recorded return to, and mail Tax Statements to:
Kathleen V. Wadsworth
5139 Rich Creek Valley Road
Peterstown, WV 24963

AFFIDAVIT - TERMINATING JOINT TENANCY

Kathleen V. Wadsworth, of legal age, being first duly sworn, deposes and says:

That **James L. Wadsworth**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James L. Wadsworth** named as one of the parties in that certain **Grant, Bargain, Sale Deed** dated **03/09/2006** executed by **James L. Wadsworth and Kathleen V. Wadsworth, Trustees of the James L. Wadsworth and Kathleen V. Wadsworth Revocable Family Trust** to **Kathleen V. Wadsworth and James L. Wadsworth** as joint tenants, recorded as Document No. **126136** on **03/17/2006** in Book **213** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln, State of Nevada** :

THAT PORTION OF LOT 4 IN BLOCK 45, IN THE TOWN OF PANACA, COUNTY OF LINCOLN, STATE OF NEVADA AS SHOWN ON THE OFFICIAL MAP THEREOF MORE PARTICULARLY DESCRIBED AS FOLLOWS:

PARCEL 1 OF THAT CERTAIN PARCEL MAP RECORDED OCTOBER 13, 2000 IN BOOK B OF PLATS PAGE 344 AS FILE NO. 115398, LINCOLN COUNTY NEVADA RECORDS.

Kathleen V. Wadsworth

Kathleen V. Wadsworth

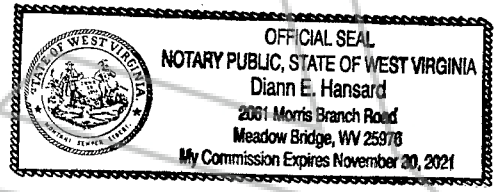
STATE OF **West Virginia**)
) :ss.
COUNTY OF Monroe)

This instrument was acknowledged before me on this:
23rd day of August, 2019

By: **Kathleen V. Wadsworth**

Diann E. Hansard
DIANN E. HANSARD
Notary Public

(My commission expires: November 30, 2021)



BLIND AFFIDAVIT

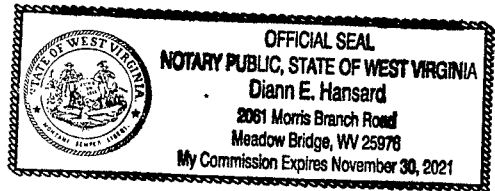
I, **Jack R. Vickers**, do hereby declare under penalty of perjury that I have read, in their entirety, the documents required in **Escrow No. 116-2557190** including but not limited to escrow instructions, conveyancing documents, and loan documents (if applicable) to the property located at **24 N. Fifth Street, Panaca, Nevada 89042.**

Jack R. Vickers
Jack R. Vickers

STATE OF **West Virginia**)
) :ss.
COUNTY OF Monroe)

This instrument was acknowledged before me on August 23, 2019 by Jack R. Vickers

Diann E. Hansard
DIANN E. HANSARD Notary Public
(My commission expires: November 30, 2021)



1915396 COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

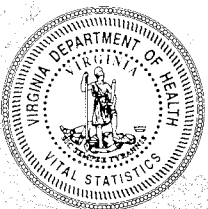
		DATE RECORD FILED MARCH 4, 2019		STATE FILE NUMBER 19-009250	
1. FULL NAME OF DECEDENT (first)		(middle)		(last)	
JAMES		LEO		WADSWORTH	
2. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> NOT DETERMINED <input type="checkbox"/>		3. DATE OF DEATH FEBRUARY 25, 2019		4. DATE OF BIRTH MAY 21, 1922	
5. AGE Years 96		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 DAY Hours _____ Minutes _____	
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>		7. BIRTHPLACE (U.S. STATE OR FOREIGN COUNTRY) NEVADA		8. SOCIAL SECURITY NUMBER _____	
9. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.) 5139 RICH CREEK VALLEY ROAD		10. CITY OR TOWN OF RESIDENCE PETERSTOWN		INSIDE CITY OR TOWN LIMITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) MONROE		12. U.S. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE WEST VIRGINIA		12a. ZIP CODE 24963	
13. RACE OF DECEDENT (CHECK ONE OR MORE) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> FILIPINO <input type="checkbox"/> KOREAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE(SPECIFY) _____ <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER PACIFIC ISLANDER(SPECIFY) _____ <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (SPECIFY) _____					
14. DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> CUBAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> UNKNOWN					
15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> ELEMENTARY/SECONDARY (9-12) <input type="checkbox"/> HIGH SCHOOL DIPLOMA <input type="checkbox"/> GED <input type="checkbox"/> YEARS OF COLLEGE _____ <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN			16. CITIZEN OF WHAT COUNTRY UNITED STATES OF AMERICA		
17. USUAL OR LAST OCCUPATION LAWYER			18. KIND OF BUSINESS OR INDUSTRY LAW		
19. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN			20. IF MARRIED, SEPARATED OR WIDOWED, NAME OF SPOUSE (if divorced leave blank) KATHLEEN WADSWORTH		
21. FULL NAME OF DECEDENT'S FATHER OR PARENT II (first,middle,last,suffix)(maiden name,if any) JAMES WADSWORTH		21a. GENDER MALE		22. FULL NAME OF DECEDENT'S MOTHER OR PARENT I (first,middle,last,suffix)(maiden name,if any) LOIS STEWART	
23. INFORMANT'S RELATIONSHIP OR SOURCE OF INFORMATION SPOUSE		24. FULL NAME OF INFORMANT OR NAME OF SOURCE KATHLEEN WADSWORTH			
25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) HERITAGE HALL - RICH CREEK				25a. SELECT ONE IF DEATH OCCURRED IN HOSPITAL DOA <input type="checkbox"/> OUT PAT. EMER RM <input type="checkbox"/> INPATIENT <input type="checkbox"/>	
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOSPICE FACILITY <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (SPECIFY) _____					
27. CITY OR TOWN OF DEATH RICH CREEK		28. STREET ADDRESS OR RT. NO OF PLACE OF DEATH 120 OLD VIRGINIA AVENUE		28a. ZIP CODE 24147	
				28b. COUNTY OF DEATH (if independent city, leave blank) GILES COUNTY	
29. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> CREMATION / INCINERATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT / MAUSOLEUM <input type="checkbox"/> BURIAL AT SEA <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY) _____ <input checked="" type="checkbox"/> REMOVAL FROM STATE (IF KNOWN, PLEASE ALSO CHECK FINAL METHOD OF DISPOSITION WHEN REMOVING FROM STATE, FROM OPTIONS SHOWN)					
30. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY BRADLEY CEMETERY					
31. PLACE OF DISPOSITION - STREET ADDRESS OF CEMETERY OR CREMATORY 100 BRADLEY CEMETERY ROAD		31a. CITY / COUNTY LINDSIDE		31b. STATE WEST VIRGINIA	
				31c. ZIP CODE 24951	
				31d. COUNTRY	
32. SIGNATURE OF FUNERAL DIRECTOR/LICENSEE, VSAP OR NEXT OF KIN (ACTUAL SIGNATURE) /S/ ROBERT KEITH WICKLINE			32a. LICENSEE'S NO. 0506000138		32b. NAME OF FUNERAL HOME OR FACILITY WICKLINE FUNERAL GROUP INC
33. NAME OF FUNERAL DIRECTOR /LICENSEE, VSAP OR NEXT OF KIN ROBERT KEITH WICKLINE			33a. STREET ADDRESS OF FUNERAL HOME / FACILITY, VSAP OR NEXT OF KIN (include street address, city, state and zip code) 8704 SENECA TRAIL SOUTH LINDSIDE WEST VIRGINIA 24951		
34. TIME OF DEATH: To the best of my knowledge, death occurred at 03:40 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. <input type="checkbox"/> ACTUAL <input type="checkbox"/> APPROXIMATE <input type="checkbox"/> PRESUMED <input type="checkbox"/> FOUND					
35. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) (A) CONGESTIVE HEART FAILURE Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) _____ (C) _____ (D) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.					
36. WAS THE MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		36b. WERE FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> POSSIBLY <input checked="" type="checkbox"/> UNKNOWN					
38. IF FEMALE: <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> UNKNOWN IF PREGNANT WITHIN THE PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREGNANT WITHIN PAST YEAR <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 43 DAYS TO 1 YEAR BEFORE DEATH <input type="checkbox"/> NOT APPLICABLE (if decedent's age is 0-5 or 75 years)					
39. IF EXTERNAL, TO WHAT EXTENT IT CONTRIBUTED TO CAUSE OF DEATH? <input type="checkbox"/> PRIMARY <input type="checkbox"/> CONTRIBUTING			40. WAS THIS A MILITARY DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		40a. IF MILITARY DEATH, SELECT MANNER OF DEATH NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>
ITEMS 41 TO 47 IN THIS SECTION SHOULD ONLY BE COMPLETED FOR MILITARY DEATHS					
41. DATE OF INJURY		42. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		43. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
44. PLACE OF INJURY (home, farm, factory, street, office, bldg, etc.)					
45. LOCATION OF INJURY-STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR ROUTE NO.)		45a. CITY / COUNTY		45b. STATE	
				45c. ZIP CODE	
				45d. COUNTRY	
46. IF TRANSPORTATION INJURY, SPECIFY <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER (SPECIFY) _____					
47. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED					
48. SIGNATURE OF PERSON COMPLETING THE CAUSE OF DEATH /S/ MAZEN ISSA MADHOUN			48a. TITLE <input checked="" type="checkbox"/> MEDICAL DOCTOR <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> DOCTOR OF OSTEOPATHY (D.O.) <input type="checkbox"/> NURSE PRACTITIONER <input type="checkbox"/> OTHER _____		48b. DATE SIGNED: MARCH 2, 2019
49. NAME OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH MAZEN ISSA MADHOUN			49a. ADDRESS OF PERSON PROVIDING THE MEDICAL CERTIFICATION OF DEATH 120 OLD VIRGINIA AVENUE RICH CREEK VIRGINIA 24147		49b. MEDICAL LICENSE NO. 0101247995
50. ARE YOU A DESIGNEE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		51. IF YES, PLEASE PROVIDE THE NAME OF AUTHORIZING OR ABSENT PHYSICIAN		51a. ADDRESS OF AUTHORIZING PHYSICIAN	

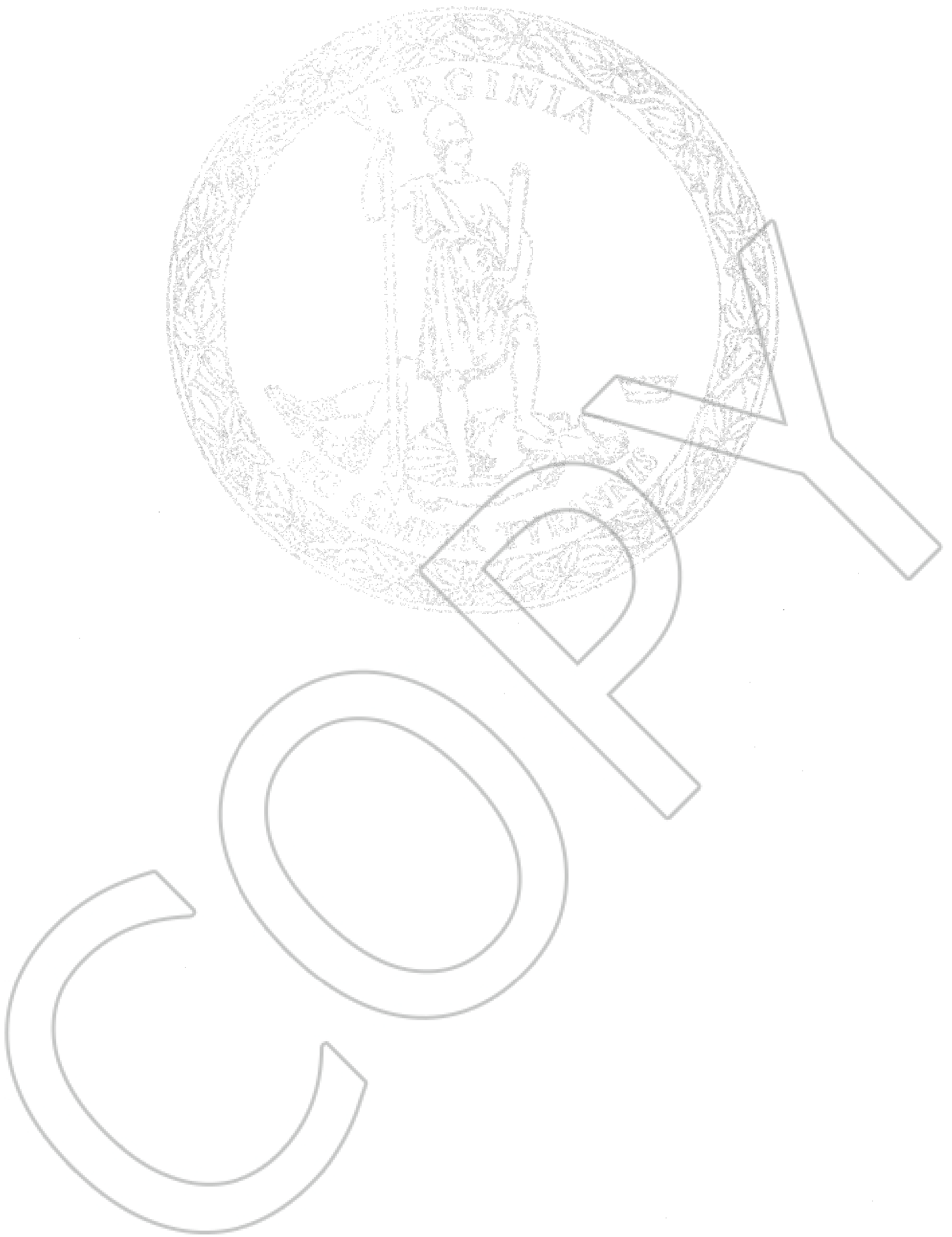
This is to certify that **MARCH 4, 2019** correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED

Janet M. Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1-272. Code of Virginia, as amended. VS 15C





Dear Sir or Madam,

This document is a record of the information provided at the time of the event. This certificate is a legal document and all information should be reviewed for accuracy. If you have any questions or concerns please return the certificate (if necessary) with a letter of explanation to:

State Health Department
Division of Vital Records
P.O. Box 1000
Richmond, VA 23218