

LINCOLN COUNTY, NV

2019-157108

\$35.00

Rec:\$35.00

10/01/2019 04:14 PM

FA NV DIRECT TITLE

Pgs=2 KE

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N.: 013-030-64  
File No: 116-2558840 (dp)

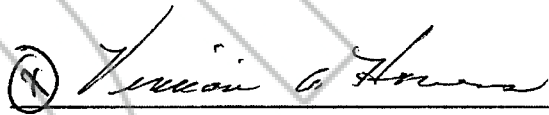

When Recorded return to, and mail Tax Statements to:  
Vivian A. Havens McDonald  
602 Housley  
Roseburg, OR 97470

### AFFIDAVIT - TERMINATING JOINT TENANCY

**Vivian A. Havens McDonald**, of legal age, being first duly sworn, deposes and says:

That **James D. McDonald**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **James D. McDonald** named as one of the parties in that certain **Quitclaim Deed** dated **04-10-2007** executed by **Vivian A. Havens** to **James D. McDonald and Vivian A. Havens McDonald, husband and wife**, as joint tenants, recorded as Document No. **0128715** on **04/10/2007** in Book **230/Page 270** of Official Records of Lincoln County, Nevada covering the following described property situated in the County of Lincoln, State of Nevada :


**PARCEL #4 OF THE VIVIAN HAVENS PARCEL MAP RECORDED AS INSTRUMENT NO. 126353 ON APRIL 17, 2006, IN BOOK C PAGE 193 OF THE OFFICIAL RECORDS OF LINCOLN COUNTY RECORDER, LINCOLN COUNTY, NEVADA.**

  
Vivian A. Havens McDonald 


STATE OF Oregon )  
COUNTY OF Douglas ) :ss.

This instrument was acknowledged before me on this:  
20th day of September 2019

By: **Vivian A. Havens McDonald**

  
\_\_\_\_\_

Notary Public 04/10/2020,  
(My commission expires: \_\_\_\_\_)

 OFFICIAL STAMP  
**MICHELLE R SPIER**  
NOTARY PUBLIC - OREGON  
COMMISSION NO. 949498  
MY COMMISSION EXPIRES APRIL 10, 2020

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

**2010006940**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>James D MCDONALD</b>			2. DATE OF DEATH (Mo/Day/Year) <b>April 07, 2010</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 number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>75</b>		7b. UNDER 1 YEAR MOS   DAYS	
	7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 29, 1934</b>					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>Arkansas</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married But Separated</b>	
	12. SURVIVING SPOUSE OR DOMESTIC PARTNER		13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Materials Supervisor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>		15d. STREET AND NUMBER <b>2538 Wild Horse Mesa Road HC 34 Box 24</b>	
	15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Rufus MCDONALD</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Lara MCGAINTHIA</b>		
DISPOSITION	18a. INFORMANT- NAME (Type or Print) <b>Vivian MCDONALD</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2538 Wild Horse Mesa Road HC 34 Box 24 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>			
TRADE CALL	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>807</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							
CERTIFIER	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>RICHARD KATSCHKE M.D.</b> <b>SIGNATURE AUTHENTICATED</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 08, 2010</b>		21c. HOUR OF DEATH <b>04:33</b>		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>J. Rogers</b>			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>Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008</b>					23b. LICENSE NUMBER <b>10509</b>		
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>May 14, 2010</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).)							
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE UNDERLYING CAUSE LAST	PART I		(a) <b>Multi-System Failure</b>		Interval between onset and death <b>2 Days</b>			
	(b) <b>Metastatic Lung Cancer</b>		(c) <b>Tobacco Smoking</b>		Interval between onset and death <b>Months</b>			
(d)				Interval between onset and death <b>Many Years</b>				
PART II					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**

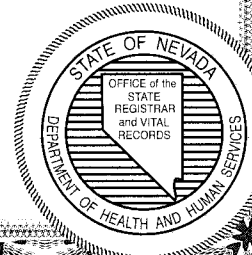
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: **05/14/2010**

*R. D. White*  
STATE REGISTRAR  
**SIGNATURE AUTHENTICATED**

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

VRS-Rev-20090602



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE