

APN: 002-031-20, formerly  
002-031-11; 002-031-14; and  
002-031-18

Recording requested by:  
Philip Lester Mathews

When recorded mail to and  
mail tax statements to:

Philip Lester Mathews  
P.O. Box 192  
Panaca, Nevada

Space reserved for Recorder's Use

LINCOLN COUNTY, NV **2020-158647**  
Rec:\$37.00  
Total:\$37.00 **06/18/2020 01:57 PM**  
PHILIP LESTER MATHEWS Pgs=3 KE



OFFICIAL RECORD  
AMY ELMER, RECORDER

**AFFIDAVIT TERMINATING JOINT TENANCY**  
**Pursuant to NRS 40.525(5) and NRS 111.365**

STATE OF NEVADA            )  
  )ss.  
COUNTY OF LINCOLN        )

PHILIP LESTER MATHEWS, being first duly sworn, deposes and states:

1. I am 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 PHILIP LESTER MATHEWS, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on October 19, 1984, as Document Number 81395, in Book 62, Pages 439; and the same person as one of the Grantees named in that certain Quitclaim Deed recorded June 30, 1995, as Document Number 103680, in Book 114, Pages 389-390; and the same person as one of the Grantees named in that certain Grant, Bargain, and Sale Deed recorded October 12, 2005, as Document Number 125347, in Book 207, Pages 245-248, of the Official Records in the Office of the County Recorder in Lincoln County, Nevada.
3. The property described in the above-referenced deeds are located in Lincoln County, Nevada commonly known as 448 North Third Street, Panaca, Lincoln County, Nevada and described as follows:

PARCEL 1 AND PARCEL 2 OF MAP FOR PHILIP L. AND LEA ANN MATHEWS RECORDED JUNE 20, 2003, IN PLAT BOOK B, PAGE 495, AS FILE 120365, IN THE RECORDER'S OFFICE, LINCOLN COUNTY, NEVADA

ALONG WITH THE ADDITIONAL PROPERTY DESCRIBED AS:

BEGINNING AT THE SOUTHWEST CORNER OF THIS PARCEL LYING ON THE EASTERLY BOUNDARY OF BLOCK 22, PANACA TOWNSITE FROM WHICH THE 1/4 CORNER COMMON TO SECTION 4 (SOUTH 1/4 COR.) AND SECTION 9 (NORTH 1/4 COR.) ALL T2S, R 68 E, M.D.M., BEARS S 85°00'18" E. A DISTANCE OF 2001.01 FEET; THENCE N. 0°22'06" E. A DISTANCE OF 92.00 FEET ALONG THE EASTERLY BOUNDARY OF SAID BLOCK 22 TO THE NORTHWEST CORNER; THENCE 89°37'54" E. TO A POINT A DISTANCE OF 20.00 FEET TO THE NORTHEAST CORNER; THENCE S. 0°22'06" W. A DISTANCE OF 92.00 FEET, TO THE SOUTHEAST

CORNER; THENCE N. 89°37'54" W. A DISTANCE OF 20.00 FEET, TO THE SOUTHWEST CORNER, WHICH IS THE POINT OF BEGINNING. SAID PARCEL CONTAINS 1,840.00 SQUARE FEET (.0422 ACRES), MORE OR LESS.

ASSESSOR'S PARCEL NO. 002-031-20 – formerly APNs: 002-031-11; 002-031-14; 002-031-18

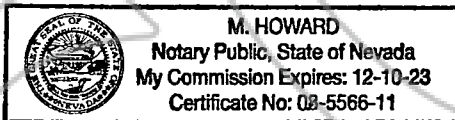
4. LEA ANN MATHEWS, (the Decedent) was one of the Grantees named in said Deeds, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my wife.
6. This affidavit is being made for the purpose of terminating the joint tenancy between myself and the Decedent in the described property, said title now vesting in me, PHILIP LESTER MATHEWS, as sole owner.

DATED this 18<sup>TH</sup> day of June, 2020.

*Philip Lester Mathews*  
\_\_\_\_\_  
PHILIP LESTER MATHEWS

SUBSCRIBED and SWORN to before me on  
this 18<sup>th</sup> day of June, 2020, by  
Philip Lester ~~Philips~~ Mathews *PLM*

*M. Howard*  
\_\_\_\_\_  
NOTARY PUBLIC, in and for the  
STATE OF NEVADA,  
COUNTY OF LINCOLN.



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

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

CASE FILE NO. 4108640

**CERTIFICATE OF DEATH**

2019020295  
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>Lea Ann MATHEWS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 13, 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 ar number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emr. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>72</b>		7b. UNDER 1 YEAR <b>MOS</b> <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b> <b>MIN</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>February 22, 1947</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>14</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Philip L MATHEWS</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>HOME MAKER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</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>448 North 3rd</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>Frank BRINKERHOFF</b>			17. MOTHER/PARENT -NAME (First Middle Last Suffix) <b>Portia CARLING</b>		
18a. INFORMANT- NAME (Type or Print) <b>Phillip L MATHEWS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 192 Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. GEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		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>R WILLIAM KATSCHKE MD</b> <b>SIGNATURE AUTHENTICATED</b>		21b. DATE SIGNED (Mo/Day/Yr) <b>October 15, 2019</b>		21c. HOUR OF DEATH <b>08:10</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr) /	
				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>R William Katschke MD P.O. Box 1010 Caliente, NV 89008</b>				23b. LICENSE NUMBER <b>10509</b>	
24a. REGISTRAR (Signature) <b>BREECE D FLORES</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>October 16, 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 (a) <b>End-stage Heart Failure With Reduced Ejection Fraction</b>				Interval between onset and death: Years	
DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Pulmonary Hypertension</b>				Interval between onset and death: Years	
DUE TO, OR AS A CONSEQUENCE OF: (c) <b>Tricuspid Regurgitation</b>				Interval between onset and death: Years	
DUE TO, OR AS A CONSEQUENCE OF: (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 I <b>Chronic Atrial Fibrillation</b>				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	

000791716



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: 10/18/2019

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

*Breece D Flores*  
**Administrator**  
STATE REGISTRAR

