

After recording please return to:)
Name: Beverly M. Lane)
Address: P.O. Box 321)
City, State, Zip: Panaca NV 89042)
Phone: 775-962-1935)
Assessor's Parcel Number: 002-102-06)



OFFICIAL RECORD
AMY ELMER, RECORDER

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

State of Nevada)
County of Lincoln)

Beverly M. Lane, 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 Beverly M. Lane, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on March 29, 2000, as Document No. 114292, in Book 147, Page(s) 272, 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 Lot 37 of Sun Gold Manor, and described as follows: Unit #1 Addition according to the official map thereof filed in the office of the County Recorder of Lincoln County on March 7, 1973 as File No 52669.

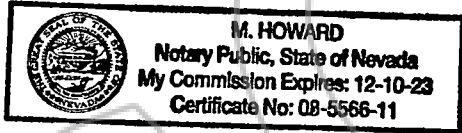
4. Arthur J. Lane, (the Decedent) was one of the Grantees named in said Deed, and is the Decedent in the attached certified Death Certificate. The date and place of the Decedent's death are set forth in the death certificate and incorporated herein by this reference.
5. The Decedent was my husband.
6. 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 Beverly M. Lane, as sole owner.

DATED this 23 day of July, 20 20.

Beverly M. Lane
Affiant
Beverly M. Lane

Subscribed and Sworn to before me on this
23rd day of July, 20 20 by
Beverly M. Lane

M. Howard
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. 3934825

CERTIFICATE OF DEATH

2017000269

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) Arthur Jackson LANE JR			2. DATE OF DEATH (Mo/Day/Year) January 10, 2017		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street address) 1376 Ronnow Road		3a. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 81	7b. UNDER 1 YEAR MOS DAYS HOURS MINS	7c. UNDER 1 DAY HOURS MINS	8. DATE OF BIRTH (Mo/Day/Yr) March 01, 1935
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	10. EDUCATION 12	11. MARITAL STATUS (Specify) Married	12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Beverly MATHEWS	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Panaca	15d. STREET AND NUMBER 1376 Ronnow Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur J LANE SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bernice DAVIS			
18a. INFORMANT - NAME (Type or Print) Beverly LANE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 321 Panaca, Nevada 89042				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807	20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008			
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) MILES UMINA SIGNATURE AUTHENTICATED			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) MILES UMINA SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	22b. DATE SIGNED (Mo/Day/Yr) January 10, 2017		22c. HOUR OF DEATH 01:35	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) January 10, 2017		22e. PRONOUNCED DEAD AT (Hour) 01:35	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Miles Umina, 1050 SR 322 Pioche, NV 89043						23b. LICENSE NUMBER
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 11, 2017		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).)						Interval between onset and death
PART I (a) Respiratory Failure						Immediate
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) Chronic obstructive pulmonary disease						1 Year
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) Alpha-1 Antitrypsen Deficiency						1 Year
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d)						
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) No
						27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
28a. ACC., SUICIDE, HON., 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

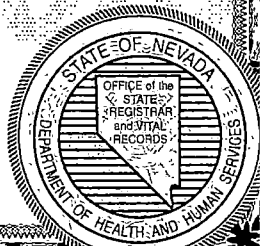


This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 1/19/2017

Cody J. Pincus
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE