



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, VIVIAN A. HAVENS MCDONALD, as the sole owner.

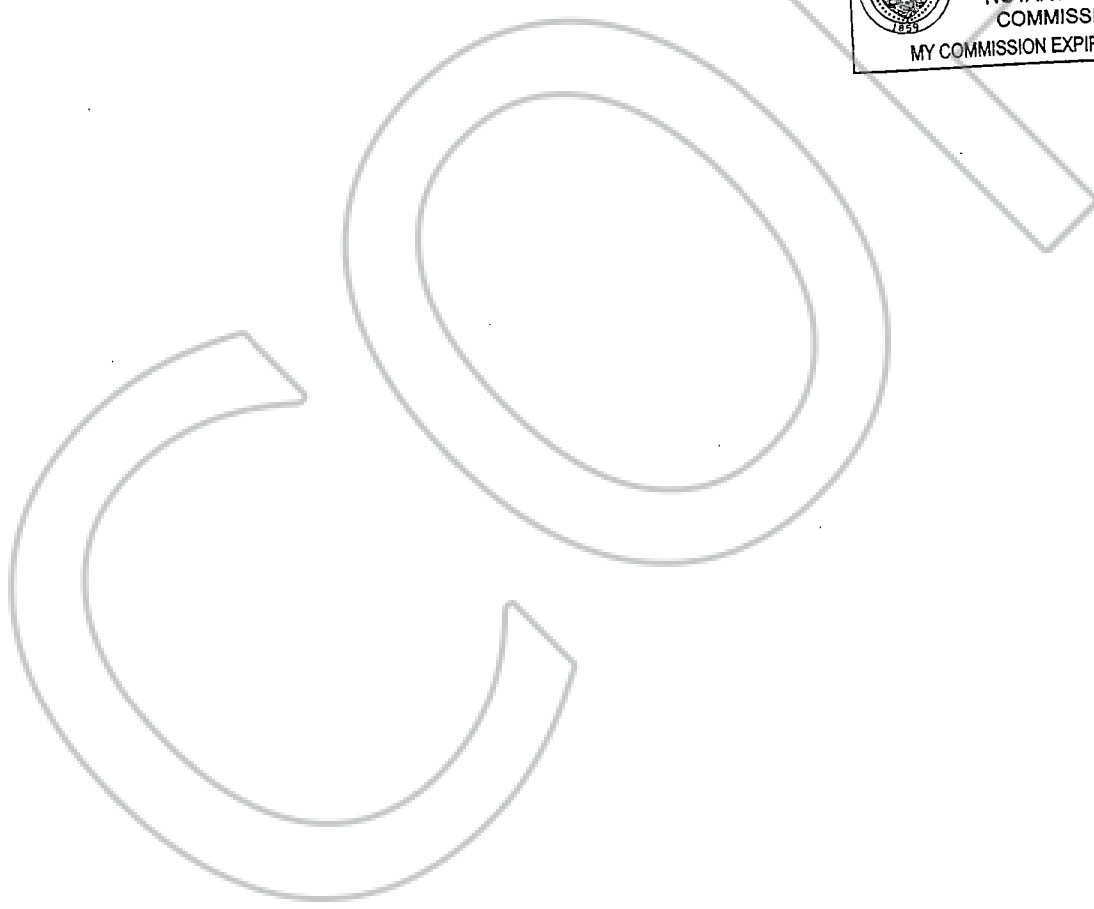
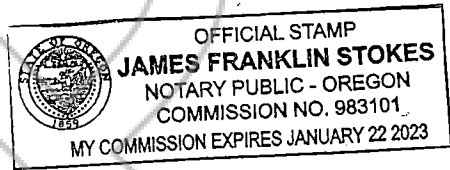
DATED this 29<sup>th</sup> day of September, 2020.

X <sup>Sigh</sup> *[Handwritten Signature]*  
VIVIAN A. HAVENS MCDONALD

SUBSCRIBED and SWORN before me on this 29 day of September, 2020, by Vivian A. Havens McDonald

*James Franklin Stokes*  
NOTARY PUBLIC, in and for the STATE OF OREGON, COUNTY OF Douglas

X *[Handwritten Signature]*  
of 9/29/2020



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

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>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. Diis Medical Center</b>		3e. If Hosp. or Inst.: indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE: <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
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>		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 <b>[REDACTED]</b>		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>	
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>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Rufus MCDONALD</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Lara MCGAINTHIA</b>		
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>Crementation</b>		19b. CEMETERY OR CREMATORY- NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		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					
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> 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)			
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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>J. Rogers</b>		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22d. 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>		24a. REGISTRAR (Signature) <b>CHRISTINA GRIFFITH</b> SIGNATURE AUTHENTICATED			
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).) PART I		Interval between onset and death			
(a) <b>Multi-System Failure</b>		<b>2 Days</b>			
(b) DUE TO, OR AS A CONSEQUENCE OF: <b>Metastatic Lung Cancer</b>		Interval between onset and death <b>Months</b>			
(c) DUE TO, OR AS A CONSEQUENCE OF: <b>Tobacco Smoking</b>		Interval between onset and death <b>Many Years</b>			
(d) _____		Interval between onset and death			
PART II <b>Chronic Obstructive Pulmonary Disease, Cor Pulmonalae</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	

STATE REGISTRAR

VRS Rev. 20090602

331310

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.

