

After recording please return to:)
Name: Thelma M. Somers)
Address: PO Box 361)
City, State, Zip: Rioche, NV 89043)
Phone: _____)
Assessor's _____)
Parcel Number 001-033-15)



OFFICIAL RECORD
AMY ELMER, RECORDER

-----Above This Line Reserved For Official Use Only-----

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

State of Nevada)
County of Lincoln)

Thelma M. Somers, 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 Thelma M. Somers, the same person named as one of the Grantees named in that certain Joint Tenancy Deed recorded on _____, as Document No. 119892, 125068, 47092 in Book _____, Page(s) _____, 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 #126 Gold Street Rioche, NV, and described as follows:
lots 25, 26, 27, 28, 29, & 30
in Block #40 in the town of Rioche,
as said lots and blocks are delineated
on the official plat of said town of
Rioche, now on file and of record in the
office of the County Recorder of said
Lincoln County, Nevada.

4. Raymond Leslie Somers, (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 spouse.
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 Thelma M. Somers, as sole owner.

DATED this 7 day of November, 2022.

Thelma M. Somers
Affiant Thelma M. Somers

State of Nevada, County of Lincoln

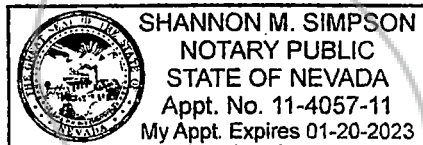
Subscribed and Sworn to before me on this

7th day of November, 2022 by

Thelma Marie Somers.

Shannon M. Simpson

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. 4260535

CERTIFICATE OF DEATH

2022001390
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) Raymond Leslie SOMERS		2. DATE OF DEATH (Mo/Day/Year) January 12, 2022		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address number) 126 Gold Street		3e. 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) 84		7b. UNDER 1 YEAR MOS. DAYS 84		7c. UNDER 1 DAY HOURS MINS. 84	
8. DATE OF BIRTH (Mo/Day/Yr) December 24, 1937		9a. STATE OF BIRTH (If not US/CA, name country) Utah		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) Thelma WOODWORTH	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Security Guard		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 126 Gold Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Leslie SOMERS			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Christy DUTSON		
18a. INFORMANT - NAME (Type or Print) Thelma SOMERS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 126 Gold Street Pioche, Nevada 89043			
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) CHASE D DIRKS 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) CHASE D DIRKS SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) January 24, 2022		21c. HOUR OF DEATH 07:21		22b. DATE SIGNED (Mo/Day/Yr) January 24, 2022	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 07:21		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 12, 2022	
22e. PRONOUNCED DEAD AT (Hour) 07:21		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche, NV 89043			
23b. LICENSE NUMBER 40		24a. REGISTRAR (Signature) DARAN GRISSOM SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 24, 2022		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) Atherosclerotic Cardiovascular Disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Hypertension					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) _____					
DUE TO, OR AS A CONSEQUENCE OF:					
(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, 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	

000913642



CERTIFIED COPY OF VITAL RECORDS

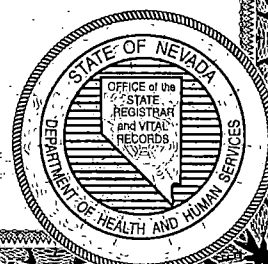
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

2/7/2022

STATE REGISTRAR

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE