

APN: 01-250-07

When Recorded, Mail to:

Grant Morris Dodds
2520 St. Rose Pkwy, Suite 319
Henderson, NV 89074

Mail Tax Statements to:

Gloria Banta
PO Box 133
Pioche, NV 89043



00014396202401672310030039

OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT - TERMINATION OF JOINT TENANCY

GLORIA J. BANTA, of legal age, being first duly sworn, deposes and says:

That LOUIS JOE BANTA, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOE BANTA, named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 28, 1998, executed by PAUL S. BROWN, a married man (who acquired title as an unmarried man) to JOE BANTA and GLORIA J. BANTA, husband and wife as joint tenants, recorded on September 2, 1998, as Instrument No. 111560, of Official Records of LINCOLN County, State of NEVADA:

A Portion of the North Half (N ½) of the Northeast Quarter (NE ¼) of Section 14, Township 1 North, Range 67 East, M.D.B.&M., more particularly described as follows:

Parcel 1 of that certain parcel map recorded April 20, 1995 in the office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 445 as File No. 103319, Lincoln County, Nevada records.

SUBJECT TO:

1. Taxes for the current fiscal year.
2. Covenants, Conditions, Restrictions, Reservations, Rights, Rights of Way and Easements now of record.

**GRANTEE'S ADDRESS: PO BOX 133
Pioche, NV 89043**

Witness her hand this 17th day of June, 2024.

Gloria J. Banta
GLORIA J. BANTA

STATE OF UTAH)
) ss.
COUNTY OF IRON)

On this 17th day of June, 2024, before me the undersigned, a Notary Public in and for the said County of Iron, State of Utah, personally appeared GLORIA J. BANTA, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Danielle Nix
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. - 4415377

CERTIFICATE OF DEATH

2024011937
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) Louis Joe BANTA		2. DATE OF DEATH (Mo/Day/Year) May 26, 2024		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Grover-C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		7a. AGE-Last birthday (Years) 82		7b. UNDER 1 YEAR MOS	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) September 25, 1941		7d. UNDER 1 DAY MIN		7e. UNDER 1 DAY MIN	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 8	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gloria J. SMITH			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		Equipment Operator		Commercial Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 751 Richmond Dr.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Joseph L BANTA			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth HOLT		
18a. INFORMANT- NAME (Type or Print) Gloria J BANTA		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) Po Box 133 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) BODIE L TOPHAM		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
20a. SIGNATURE AUTHENTICATED					
TRADE CALL - NAME AND ADDRESS Southern Utah Crematory 190 North 300 West Cedar City UT 84720					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) R WILLIAM KATSCHKE MD					
21b. DATE SIGNED (Mo/Day/Yr) May 28, 2024		21c. HOUR OF DEATH 06:00		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) R William Katschke MD P.O. Box 1010 Caliente NV 89008				23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 31, 2024		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. SIGNATURE AUTHENTICATED					
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a); (b), AND (c).)		Interval between onset and death			
PART I (a) Chronic Hypoxemic Hypercarbic Respiratory Failure		Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b) Chronic Obstructive Pulmonary Disease		Years			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c) 		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(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				26. AUTOPSY (Specify Yes or No) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
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	

001060870



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: **6/7/2024**

Wesley T Storey
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

