

138150

TERMINATION OF JOINT TENANCY

STATE OF NEVADA]
: ss.
County of Eureka]

A F F I D A V I T

WILMA MAE GOINS of Tooele, Utah being first duly
sworn, deposes and says:

THAT Kelso Goins died at Tooele, Utah on the 14th
day of January, 1991, leaving real property in the town
of Eureka, Nevada, which was held in joint tenancy, with
right of survivorship, with WILMA MAE GOINS. THAT said real
property is described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST,
M.D.B. & M.
SECTION 11: NE1/4 NW1/4 SW1/4

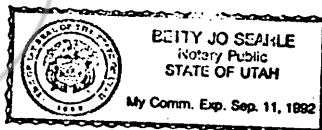
THAT certificate of death of Kelso Goins is attached
hereto and made a part of this Affidavit for Termination
of joint tenancy.

DATED THIS 2nd day of October, 1991.

Wilma Mae Goins
WILMA MAE GOINS

SUBSCRIBED and SWORN to before me
this 2nd day of October, 1991.

Betty J. Seagle



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STANDARD FORM NO. 100-104

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DIVISION OF HEALTH

LOCAL FILE NUMBER 23-003

STATE FILE NUMBER

NAME OF DECEDENT FIRST MIDDLE LAST SEX RACE WHITE, Black, Am. Indian, etc. DATE OF DEATH (Mo., Day, Year)

23-003 Kelso Goins Male White January 14, 1987

WAS DECEDENT OF SPANISH ORIGIN? YES NO X (If yes, indicate race: Mexican, Puerto Rican, Cuban, Other (If other, specify))

DATE OF BIRTH (Mo., Day, Year) AGE (last birthday) IF UNDER 1 year IF UNDER 24 HOURS

April 6, 1918 70 78 Yes No

BIRTHPLACE (State or foreign) CITIZEN of what country MARRIED X UNMARRIED EDUCATION—Specify only highest grade completed SOCIAL SECURITY NUMBER

8 Louisiana 9 USA 10 Married 11 Elementary or Secondary (10-12) College (13-16 or 17+) 12

USUAL OCCUPATION (Give kind of work done during most of working years if retired) NAME OF SURVIVING SPOUSE (If wife, enter maiden name)

13 Mechanic 14 Wilma Mae Radke

NAME OF FATHER MAIDEN NAME OF MOTHER

15 James Alfred Goins 16 Della Temple

USUAL RESIDENCE—(Street and number or location and zip code) INSIDE CITY LIMITS? NAME & MAILING ADDRESS OF INFORMANT

17 499 West 5th South, Tooele, Utah 84074 18 Yes No 19 Wilma Goins Wife

20 Tooele 21 Tooele 22 Utah 23 Tooele, Utah 84074

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WHERE DEATH OCCURRED (If outside an institution, give street address or location) CITY OR TOWN COUNTY

24 Tooele Valley Regional Medical Center 25 Tooele 26 Tooele

PHYSICIAN ON MEDICAL EXAMINER SIGNATURE

27 B. Manscraff MD

DATE SIGNED (Mo., Day, Year)

28 1/14/87

CERTIFIER'S name and title (Type or print) DATE SIGNED (Mo., Day, Year)

29 R. Mersereau MD 30 1/14/87

CERTIFIER'S address and zip code

31 TURMC 211 So. 1st E Tooele

UTAH PHYSICIAN LICENSE NUMBER

32 051149

33 1-331-4

NAME AND LOCATION OF CEMETERY OR CREMATORY LOCAL REGISTRAR—Signature

34 Tooele City Cemetery Tooele, Utah 35 State Mortuary Tooele, Utah #120

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Enter only one cause, picture for A, B and C)

36 A Cardio Respiratory Arrest

37 1 hr

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (B) DUE TO, OR AS A CONSEQUENCE OF

38 ASVD

39 7

IMMEDIATE CAUSE LAST. (C) DUE TO, OR AS A CONSEQUENCE OF

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PART II OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I

41 Emphysema

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SDH-BHS 94 (4-85)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued: JAN 23 1987

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS



S062034

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

2271-100-68

COPY

BOOK 227 PAGE 067
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Wilma Goins
91 OCT 15 AM 109

EUREKA COUNTY, NEVADA
M.N. REBALEATI, RECORDER
FILE NO. FEE \$7⁰⁰

138150

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