

Official Record

Recording requested By
JAMES M COPENHAVEREureka County - NV
Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPIT:

Recorded By FES

Book- 0485 Page- 0008

APN: 001-102-04

Send tax statements to:
RONALD A. CARRION FAMILY TRUST
P.O. Box 159
Eureka, NV 89316

When recorded return to:
James M. Copenhaver, PC
950 Idaho Street
Elko, NV 89801



0213033

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **LORRAINE B. DOTSON**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. I am the surviving spouse of **JAMES E. DOTSON**.

2. My deceased spouse, **JAMES E. DOTSON** and I acquired a Security Interest in the following described property located in the County of Eureka, State of Nevada, by that certain Deed of Trust dated September 16, 1996, and recorded on the 24th day of September, 1996, at Book 301, Pages 059-062 as File No. 164627, official records Eureka County Recorder, Eureka County, State of Nevada. Said real property being more specifically described as follows:

Lots 5 and 6, Block 22, of the TOWN OF EUREKA, County of Eureka, State of Nevada, as the same appear on the official map on file in the office of the County Recorder, Eureka County, Nevada.

TOGETHER WITH all buildings and improvements thereon.

3. **JAMES E. DOTSON**, being one of the persons described in the Deed of Trust, referenced above, as a Beneficiary and joint tenant died in the City of Reno, County of Washoe, State of Nevada on the 8th day of April, 2002. A certified copy of the death

certificate of **JAMES E. DOTSON** is attached to this Affidavit and made a part thereof.

4. I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **JAMES E. DOTSON** in the above described real property has terminated by virtue of ~~his~~^{her} death and that title to the real property is now vested solely in the surviving joint tenant, **LORRAINE B. DOTSON**.

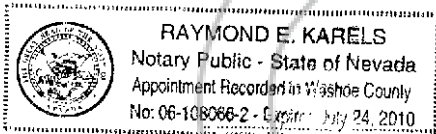
DATED this 24th ~~July~~^{October}, 2008.


LORRAINE B. DOTSON

State of NEVADA
County of WASHOE

~~October~~ - This instrument was acknowledged before me on the 24th day of ~~July~~, 2008, by **LORRAINE B. DOTSON**.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

ROLL 106 IMAGE 960

20020005030

LOCAL FILE NUMBER 945		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. James E. DOTSON		DATE OF DEATH (Month, Day, Year) 2. April 8, 2002	
CITY, TOWN OR LOCATION OF DEATH 3b. Reno		COUNTY OF DEATH 3a. Washoe	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Saint Mary's Regional Center		SEX 4. Male	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White		DATE OF BIRTH (Mo., Day, Yr.) 8. May 28, 1928	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
CITIZEN OF WHAT COUNTRY 9b. U.S.A.		SURVIVING SPOUSE (If wife, give maiden name) 12. Lorraine Berrueta	
SOCIAL SECURITY NUMBER 13. [REDACTED]		KIND OF BUSINESS OR INDUSTRY 14b. Gaming	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Owner/Operator		RESIDENCE—STATE 15a. Nevada	
CITY, TOWN, OR LOCATION 15c. Reno		STREET AND NUMBER 15d. 5 Bitterbrush Rd.	
COUNTRY 15b. Washoe		INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes	
FATHER—NAME First Middle Last 16. Timothy James Dotson		MOTHER—MAIDEN NAME First Middle Last 17. Myrtle Crosley	
INFORMANT—NAME (Type or Print) 18a. Lorraine Dotson		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 5 Bitterbrush Rd., Reno, Nevada 89523	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—NAME 19b. Sierra Crematory	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) 20a. [Signature]		LOCATION City or Town State 19c. Reno Nevada	
FUNERAL DIRECTOR LICENSE NUMBER 20b. 9		NAME AND ADDRESS OF FACILITY 20c. Northern Nevada Memorial 35 616 S. Wells Ave. Reno, Nevada 89502	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 4-10-02 HOUR OF DEATH 21c. 1450 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		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) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. HOUR OF DEATH 22c. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON PRONOUNCED DEAD (Hour) 22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. JOHN A. SHIELDS, MD 236 W. SIXTH ST #400 RENO NV 89503		LICENSE NUMBER 23b. 3362	
REGISTRAR 24a. [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. April 10, 2002	
DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Metastatic Adenocarcinoma to Brain DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)		Interval between onset and death 25a. 1 Hour Interval between onset and death 25b. Interval between onset and death 25c.	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. 26. No		AUTOPSY (Specify Yes or No) 27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
HOUR OF INJURY 28c. M		DESCRIBE HOW INJURY OCCURRED 28d.	
INJURY AT WORK (Specify Yes or No) 28e.		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.	
LOCATION 28g.		STREET OR R.F.D. No. CITY OR TOWN STATE	

No. 181240
Birth Cert. #28-000516

248034

CERTIFIED COPY OF VITAL RECORDS
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:

This copy is not valid unless prepared by the State Registrar.

DEC 23 2008

0213033

Book 485 01/12/2009
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE