

Official Record

Recording requested By  
JAMES M COPENHAVER

Eureka 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

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 decease 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 24<sup>th</sup> 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 8<sup>th</sup> 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~~<sup>his</sup> death and that title to the real property is now vested solely in the surviving joint tenant, **LORRAINE B. DOTSON**.

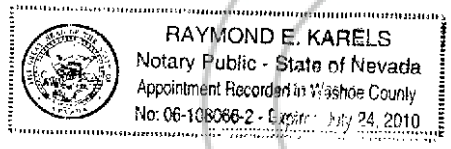
DATED this 24<sup>th</sup> day of ~~July~~<sup>October</sup>, 2008.

*Lorraine B. Dotson*  
LORRAINE B. DOTSON

State of NEVADA  
County of WASHOE

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

*Raymond E. Karels*  
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**

20020005030

ROLL 106 IMAGE 960

LOCAL FILE NUMBER <b>945</b>		STATE FILE NUMBER	
DECEASED—NAME First Middle Last <b>1. James E. DOTSON</b>		DATE OF DEATH (Month, Day, Year) <b>2. April 8, 2002</b>	
CITY, TOWN OR LOCATION OF DEATH <b>3b. Reno</b>		COUNTY OF DEATH <b>3a. Washoe</b>	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) <b>3c. Saint Mary's Regional Center</b>		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient (Specify) <b>3e. Inpatient /</b>	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) <b>5. White</b>		SEX <b>4. Male</b>	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. <b>6.</b>		DATE OF BIRTH (Mo., Day, Yr.) <b>8. May 28, 1928</b>	
AGE—Last Birthday (Years) <b>7a. 73</b>		UNDER 1 YEAR UNDER 1 DAY MOS : DAYS HOURS : MINS <b>7b. : : 7c. : :</b>	
STATE OF BIRTH (If not U.S.A., name country) <b>9a. Nevada</b>		CITIZEN OF WHAT COUNTRY <b>9b. U.S.A.</b>	
Decedent's Education. Specify highest grade completed. <b>10. 12</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11. Married</b>	
SURVIVING SPOUSE (If wife, give maiden name) <b>12. Lorraine Berrueta</b>			
SOCIAL SECURITY NUMBER <b>13. [REDACTED]</b>		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>14a. Owner/Operator</b>	
KIND OF BUSINESS OR INDUSTRY <b>14b. 810 Gaming</b>			
RESIDENCE—STATE <b>15a. Nevada</b>		COUNTY <b>15b. Washoe</b>	
CITY, TOWN, OR LOCATION <b>15c. Reno</b>		STREET AND NUMBER <b>15d. 5 Bitterbrush Rd.</b>	
INSIDE CITY LIMITS (Specify Yes or No) <b>15e. Yes</b>			
FATHER—NAME First Middle Last <b>16. Timothy James Dotson</b>		MOTHER—MAIDEN NAME First Middle Last <b>17. Myrtle Crosley</b>	
INFORMANT—NAME (Type or Print) <b>18a. Lorraine Dotson</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>18b. 5 Bitterbrush Rd., Reno, Nevada 89523</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a. Cremation</b>		CEMETERY OR CREMATORY—NAME <b>19b. Sierra Crematory</b>	
LOCATION City or Town State <b>19c. Reno Nevada</b>			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <b>20a. [Signature]</b>		FUNERAL DIRECTOR LICENSE NUMBER <b>20b. 9</b>	
NAME AND ADDRESS OF FACILITY <b>20c. Northern Nevada Memorial 35 616 S. Wells Ave. Reno, Nevada 89502</b>			
To be completed by CERTIFYING PHYSICIAN <b>21a. [Signature]</b>		To be completed by Coroner's Office <b>22a. [Signature]</b>	
DATE SIGNED (Mo., Day, Yr.) <b>21b. 4-10-02</b>		DATE SIGNED (Mo., Day, Yr.) <b>22b. [Signature]</b>	
HOUR OF DEATH <b>21c. 1450</b>		HOUR OF DEATH <b>22c. [Signature]</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>21d. [Signature]</b>		PRONOUNCED DEAD (Mo., Day, Yr.) <b>22d. ON</b>	
PRONOUNCED DEAD (Hour) <b>22e. AT</b>			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) <b>23a. JOHN A. SHIELDS, MD 236 W. SIXTH ST #400 RENO NV 89503</b>		LICENSE NUMBER <b>23b. 3362</b>	
REGISTRAR <b>24a. [Signature]</b>		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>24b. April 10, 2002</b>	
DEATH DUE TO COMMUNICABLE DISEASE <b>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) <b>(a) Metastatic Adenocarcinoma to Brain</b>		Interval between onset and death <b>None</b>	
PART I <b>(b) DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death	
<b>(c) DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death	
PART II <b>OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.</b>		AUTOPSY (Specify Yes or No) <b>28. NO</b>	
WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>27. NO</b>			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <b>28a.</b>		DATE OF INJURY (Mo., Day, Yr.) <b>28b.</b>	
HOUR OF INJURY <b>28c. M</b>		DESCRIBE HOW INJURY OCCURRED <b>28d.</b>	
INJURY AT WORK (Specify Yes or No) <b>28e.</b>		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>28f.</b>	
LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE <b>28g.</b>			

**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:

**DEC 23 2008**

This copy is not valid unless prepared  
PENC 01/11/06

0213033

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

