

When recorded return to:  
Marvel & Kump, Ltd.  
PO Box 2645  
Elko, NV 89801

Mail Tax Statements to:  
Mrs. Geraldine Collingwood  
1153 Kelly Lane  
Lewisville, TX 75077



APN:

**AFFIDAVIT TERMINATING JOINT TENANCY**

**DEANNA COLLINGWOOD** ("Affiant"), the daughter of decedent, **REX MARTIN COLLINGWOOD**, also known as **REX M. COLLINGWOOD**, being first duly sworn according to law, deposes and says:

1. That Affiant is the daughter of **REX M. COLLINGWOOD**, deceased, hereinafter referred to as "Decedent," and his surviving spouse, **GERALDINE MARIE COLLINGWOOD**, also known as **GERALDINE COLLINGWOOD**

2. That Decedent and said, **GERALDINE COLLINGWOOD** acquired the following described property as joint tenants with right of survivorship, and not as tenants in common, by that certain Deed dated May 1, 1971, recorded in Book 41 of Official Records at Page 66, file number 55271, in the Office of the County Recorder, Eureka County, Nevada, said parcel being more particularly described as follows, to-wit:

Lots 9, 10, 11 and 12, of Section 32, Township 20 North, Range 53 East,,  
Mount Diablo Base Meridian, State of Nevada.

**TOGETHER WITH** the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

3. That **REX M. COLLINGWOOD**, being one of the persons described in the foregoing described deed as a grantee and joint tenant, died in the County of Elko, State of Nevada, on the 29th day of February, 2008. That a certified copy of the death certificate of said Decedent is attached to this Affidavit and made a part hereof.

4. That Affiant makes this affidavit for recording and for the purpose of terminating all right, title, interest and estate of the Decedent as the deceased joint tenant in and to

the foregoing described property, and vesting title thereto solely in **GERALDINE COLLINGWOOD**, as the surviving joint tenant under the above-described deed.

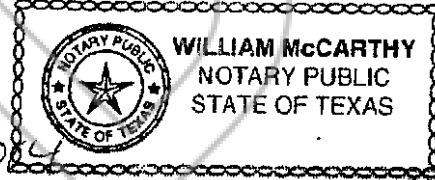
DATED this 8<sup>th</sup> day of August, 2009.

Deanna Collingwood  
DEANNA COLLINGWOOD

STATE OF Texas)  
COUNTY OF Denton)SS

On Aug 8, 2009, personally appeared before me, a Notary Public, **DEANNA COLLINGWOOD**, personally known to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed said instrument.

William McCarthy  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2008004406  
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) <b>Rex Martin COLLINGWOOD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 29, 2008</b>		3a. COUNTY OF DEATH <b>Elko</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Elko</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Highland Manor of Elko</b>		3e. If Hosp or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify)	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>91</b>		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 30, 1916</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>South Dakota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Gerry LIMOGES</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Construction Contractor</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>10 Collingwood Lane</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER - NAME (First Middle Last Suffix) <b>Claire COLLINGWOOD</b>	
17. MOTHER - NAME (First Middle Last Suffix) <b>Clara BOGUS</b>		18a. INFORMANT- NAME (Type or Print) <b>Gerry COLLINGWOOD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 493 Eureka, Nevada 89316</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Cedar Hills Cemetery</b>		19c. LOCATION City or Town State <b>Eureka Nevada</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>R SCOTT BURNS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>07</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 689 Elko NV 89803</b>	
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) <b>KIRIN MADDEN MD</b> 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)		
21b. DATE SIGNED (Mo/Day/Yr) <b>March 12, 2008</b>		21c. HOUR OF DEATH <b>13:55</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>KIRIN MADDEN MD 1995 Errecart Blvd., Ste. 102 Elko, NV</b>		23b. LICENSE NUMBER <b>11933</b>	
24a. REGISTRAR (Signature) <b>R. SCOTT BURNS</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 18, 2008</b>		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) <b>Multiple System Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>Advanced Cardiovascular Disease, Congestive Heart Failure</b> DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____				Interval between onset and death <b>24 Hours</b>	
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) <b>No</b>	
27. WAS CASE REFERRED TO CLINICIAN (Specify Yes or No) <b>No</b>		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	

STATE REGISTRAR

52694

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VRS-Rev-2008P

201130 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: **29 2008**

STATE REGISTRAR

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

