

Official Record

Recording requested By
R CLAY HENDRIX

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: FES
Book- 0511 Page- 0321

APN 08-350-01

Recording Requested By:

Name R. Clay Hendrix, Esq.

Address 8831 W. Sahara Ave

City / State / Zip Las Vegas, NV 89117



0216664

AFFIDAVIT TERMINATING JOINT TENANCY

(Print Name Of Document On The Line Above)



I the undersigned hereby affirm that this document submitted for recording contains personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statue (NRS), public program or grant referenced is:
NRS 40.525

(Insert the NRS, public program or grant referenced on the line above)

Signature Attorney Title

This page is added to provide additional information required by NRS 111.312 Sections 1-2. This cover page must be typed or printed. Additional recording fee applies.

WHEN RECORDED MAIL TO:

R. Clay Hendrix, Esq.
8831 West Sahara Ave.
Las Vegas, NV 89131

A.P.N.: 08-350-01

AFFIDAVIT TERMINATING JOINT TENANCY

Ellen F. Gardner, being duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

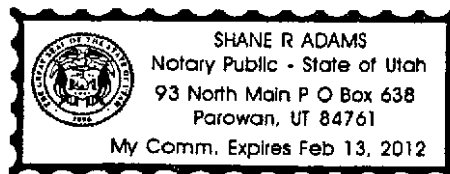
That Thomas Isom Gardner is one of the grantees in that certain deed recorded on June 2, 2000 in Book No. 334, Page 422, as Document No. 174531 in the Office of the County Recorder of Eureka County, Nevada and that said Thomas Isom Gardner is the same identical person that is named as the decedent in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

Ellen F. Gardner
ELLEN F. GARDNER

State of Nevada (Utah)
County of Iron)

On this 28th day of December, 2010 personally appeared before me, a Notary Public in and for said County and State, Ellen F. Gardner Personally known (or proven) to me to be the person whose name is subscribed to the within instrument, who acknowledged that he/she executed the instrument.

Shane R. Adams
Notary Public



0216664

Book: 511 01/20/2011
Page: 322 Page: 2 of 3

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2010014775
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) Thomas Isom GARDNER		2. DATE OF DEATH (Mo/Day/Year) September 19, 2010		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Rural Of Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Antelope Valley Rd. 8.7 mi. S of US 50		3e. If Hosp. or Inst. indicate DOA, OPI/Emer. Rm. Inpatient (Specify) Antelope Valley Rd. 8.7 mi. S of US 50	
4. SEX Male		5 RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 22, 1946		9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 18		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Ellen FORNEY	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Ranching	
15a. RESIDENCE - STATE Utah		15b. COUNTY Iron		15c. CITY, TOWN OR LOCATION Paragonah	
15d. STREET AND NUMBER 84 W 100 S		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER - NAME (First Middle Last Suffix) Lehi Robert GARDNER			17. MOTHER - NAME (First Middle Last Suffix) Genevieve ISOM		
18a. INFORMANT- NAME (Type or Print) Ellen GARDNER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 84 W 100 S Paragonah, Utah 84760		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) R SCOTT BURNS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
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) KENNETH E JONES 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)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) October 04, 2010	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stefanko, Robert Joseph		22c. HOUR OF DEATH 18:33		22d. PRONOUNCED DEAD (Mo/Day/Yr) September 19, 2010	
22e. PRONOUNCED DEAD AT (Hour) 18:33		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 05, 2010		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) Blunt Force Trauma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death Immediate Interval between onset and death Interval between onset and death Interval between onset and death
PART II					26. AUTOPSY (Specify Yes or No) No
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOV., UNDET. OR PENDING INVEST. (Specify) ACCIDENT		28b. DATE OF INJURY (Mo/Day/Yr) September 19, 2010		28c. HOUR OF INJURY 1704	
28d. DESCRIBE HOW INJURY OCCURRED Single Vehicle Accident - Rollover with Ejection					
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Antelope Valley Rd. 8.7 mi. S of US		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE Antelope Valley Rd. 8.7 mi. S of US 50 Rural of Eureka Nevada	

STATE REGISTRAR

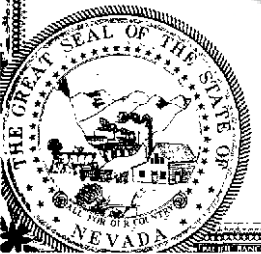
AKA: Thomas GARDNER
AKA: Thomas I GARDNER



0216664

Book 511 01/20/2011
Page 323 Page: 3 of 3

VRS-Rev-20100215

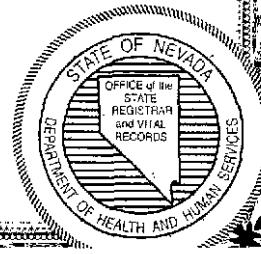


CERTIFIED COPY OF VITAL RECORDS

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: 10/08/2010

Rod Whitt
STATE REGISTRAR
SIGNATURE AUTHENTICATED



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