

Official Record

Recording requested By
ROBERT J WINES PROF CORP

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$18.00

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RPTT:

Recorded By: FES

Book- 513 Page- 0301



0216934

APN: 002-018-36; 002-035-20

Recording Requested By:

Robert J. Wines, Prof. Corp.

Send Tax Statements To:

Name: Kathleen I. KinkadeAddress: P.O. Box 211196City, State, Zip: Crescent Valley, NV 89821

After Recording Return To:

Name: Robert J. Wines, Prof. Corp.Address: 687 6th Street, Suite 1City, State, Zip: Elko, NV 89801Affidavit Terminating Joint Tenancy

(Title of Document)

Please complete Affirmation Statement below:

☐ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the personal information of any person or persons.
(Per NRS 239B.030)

- or -

☒ I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law: Social Security Number on Death Certificate.

DATED this 11th day of April, 2011.

Eric M. Morley
ERIC M. MORLEY, ESQ.

APN: 002-018-36; 002-035-20

When Recorded return to:

Kathleen I. Kinkade
P.O. Box 211196
Crescent Valley, NV 89821

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
) SS.
COUNTY OF ELKO)

KATHLEEN I. KINKADE, being first duly sworn, deposes and says:

That Affiant is the surviving wife of ARCHIE R. KINKADE, one of the Parties in those certain Grant, Bargain, and Sale Deeds, dated March 3, 2004, and June 19, 2008, wherein ASSOCIATES HOUSING FINANCE, LLC, granted to ARCHIE R. KINKADE and KATHLEEN I. KINKADE, husband and wife as joint tenants; and DAVE ROWE and CARELON ROWE, husband and wife, granted to ARCHIE R. KINKADE and KATHLEEN I. KINKADE, husband and wife, as joint tenants; conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, more particularly described as follows, respectively:

Parcel 1:

Lot 2 and 3, Block 15, of Crescent Valley Ranch & Farms Unit No. 1, as per map recorded in the office of the County Recorder of Eureka County, Nevada, as File #34081.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved by Southern Pacific Land Company in Deed to H.J. Buchenau and Elsie Buchenau, recorded September 24, 1951, in Book 24 of Deeds at Page 168, Eureka County, Nevada. APN: 002-035-20.

Parcel 2:

Lot 23, Block 20, of Crescent Valley Ranch & Farms Unit No. 1, as per map recorded in the office of the County Recorder of Eureka County, Nevada, as File #34081.

EXCEPTING THEREFROM all petroleum, oil, natural gas and products derived therefrom, within or underlying said land or that may be produced therefrom, and all rights thereto, as reserved by Southern Pacific Land Company in Deed to H.J. Buchenau and Elsie Buchenau, recorded September 24, 1951, in Book 24 of Deeds at Page 168, Eureka County, Nevada. APN: 002-018-36.

ALL foregoing parcels are subject to any and all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights of way of record.

ALL parcels hereinabove described are conveyed together with any and all buildings and improvements situate thereon.

ALL parcels hereinabove described are conveyed together with the tenements, hereditaments and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

That said Deeds were recorded on March 15, 2004, in Book 376, Page 353, as File No. 185969, Official Records, Eureka County, Nevada Recorder's Office; and June 23, 2008, in Book 473, at Page 387, as Document No. 0211948, Official Records, Eureka County, Nevada Recorder's Office, respectively.

That the said ARCHIE R. KINKADE, one of the Parties named in the aforesaid Deeds, died in the City of Elko, County of Elko, State of Nevada, on February 12, 2011, and is the identical person named as ARCHIE RONALD KINKADE in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth. The undersigned is his surviving spouse and asserts transfer of his interest to her pursuant to the joint tenancy above described.

///

FURTHER AFFIANT SAITH NOT.

Kathleen I Kinkade
KATHLEEN I. KINKADE

SUBSCRIBED AND SWORN TO
before me, by KATHLEEN I. KINKADE
this 11 day of April, 2011.

Catherine J Hassett
NOTARY PUBLIC
Commission Expires: 7-5-2014



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH

VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NUMBER 2

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
DEATHCONDITIONS IF
ANY WHICH
GAVE RISE TO
IMMEDIATE
CAUSE -
STATING THE
UNDERLYING
CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Archie Ronald KINKADE		2. DATE OF DEATH (Mo/Day/Year) February 12, 2011		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Northeastern Nevada Regional Health		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Inpatient	
5. RACE White (Specify)		5. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 57	
9a. STATE OF BIRTH (If not U.S.A., name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 10	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Kathleen EMERSON		8. DATE OF BIRTH (Mo/Day/Yr) March 18, 1953	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY Mining	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 351 3rd St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		15f. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Archie Ronald KINKADE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Virginia Nevada EVANS		
18a. INFORMANT- NAME (Type or Print) Kathleen KINKADE			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 211196 Crescent Valley, Nevada 89821		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Maiden's Grave Cemetery		19c. LOCATION City or Town State Beowawe Nevada 89821	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE 298		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) LYNN GREENHOUSE M.D.			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) February 16, 2011		21c. HOUR OF DEATH 23:57		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)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Lynn Greenhouse M.D. 1780 Browning Wy. Elko, NV 89801			23b. LICENSE NUMBER 7482		
24a. REGISTRAR (Signature) JASON MUTH		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 22, 2011		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				Interval between onset and death	
(a) Infarcted Bowel				3 Days	
(b) DUE TO, OR AS A CONSEQUENCE OF: Terminal Liver Cancer				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				3 Months	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. ACC., SUICIDE, HOMICIDE, 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

0216934

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VRS-Rev-2010104

374590

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:

03/03/2011

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

STATE REGISTRAR

SIGNATURE AUTHENTICATED

