

Official Record

Recording requested By  
ROBERT J WINES PROF CORP

Eureka County - NV  
Mike Rebaleati - Recorder

Fee: \$18.00 Page 1 of 5  
RPTT: Recorded By: FES  
Book- 513 Page- 0301

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

Recording Requested By:

Robert J. Wines, Prof. Corp.

Send Tax Statements To:

Name: Kathleen I. Kinkade

Address: P.O. Box 211196

City, State, Zip: Crescent Valley, NV 89821

After Recording Return To:

Name: Robert J. Wines, Prof. Corp.

Address: 687 6<sup>th</sup> Street, Suite 1

City, State, Zip: Elko, NV 89801



Affidavit 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 11<sup>th</sup> 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



COPY

**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 DEATH

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

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX)<br><b>Archie Ronald KINKADE</b>  |  | 2. DATE OF DEATH (Mo/Day/Year)<br><b>February 12, 2011</b>  |   | 3a. COUNTY OF DEATH<br><b>Elko</b>  |  |
| 3b. CITY, TOWN, OR LOCATION OF DEATH<br><b>Elko</b>   |  | 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number)<br><b>Northeastern Nevada Regional Health</b>  |   | 3e. If Hosp. or Inst. indicate DOA OP/Emer. Rm. Inpatient(Specify)<br><b>Inpatient</b>                        |  |
| 5. RACE White (Specify)   |  | 5. Hispanic Origin? Specify No - Non-Hispanic   |   | 7a. AGE-Last birthday (Years)<br><b>57</b>  |  |
| 9a. STATE OF BIRTH (If not U.S.A., name country)<br><b>Washington</b>   |  | 9b. CITIZEN OF WHAT COUNTRY<br><b>United States</b>   |   | 10. EDUCATION<br><b>10</b>  |  |
| 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  | 12. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Kathleen EMERSON</b>   |   | 8. DATE OF BIRTH (Mo/Day/Yr)<br><b>March 18, 1953</b>   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)<br><b>Mechanic</b>  |   | 14b. KIND OF BUSINESS OR INDUSTRY<br><b>Mining</b>  |  |
| 15a. RESIDENCE - STATE<br><b>Nevada</b>   |  | 15b. COUNTY<br><b>Eureka</b>  |   | 15c. CITY, TOWN OR LOCATION<br><b>Crescent Valley</b>   |  |
| 15d. STREET AND NUMBER<br><b>351 3rd St.</b>  |  | 15e. INSIDE CITY LIMITS (Specify Yes or No)<br><b>Yes</b>   |   | 11. Ever in US Armed Forces? <b>No</b>  |  |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix)<br><b>Archie Ronald KINKADE</b>   |  |   | 17. MOTHER/PARENT - NAME (First Middle Last Suffix)<br><b>Virginia Nevada EVANS</b> |   |  |
| 18a. INFORMANT- NAME (Type or Print)<br><b>Kathleen KINKADE</b>   |  | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)<br><b>P.O. Box 211196 Crescent Valley, Nevada 89821</b>  |   |   |  |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>   |  | 19b. CEMETERY OR CREMATORY - NAME<br><b>Maiden's Grave Cemetery</b>   |   | 19c. LOCATION City or Town State<br><b>Beowawe Nevada 89821</b>   |  |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as S.Jch)<br><b>JASON MUTH</b><br><i>SIGNATURE AUTHENTICATED</i>  |  | 20b. FUNERAL DIRECTOR LICENSE<br><b>298</b>   |   | 20c. NAME AND ADDRESS OF FACILITY<br><b>Burns Funeral Home</b><br><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)<br><b>LYNN GREENHOUSE M.D.</b><br><i>SIGNATURE AUTHENTICATED</i> |  | 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)<br><b>February 16, 2011</b>  |  | 21c. HOUR OF DEATH<br><b>23:57</b>  |   | 22b. DATE SIGNED (Mo/Day/Yr)  |  |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)  |  | 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)<br><b>Lynn Greenhouse M.D. 1780 Browning Wy. Elko, NV. 89801</b>                |  |   |   | 23b. LICENSE NUMBER<br><b>7482</b>  |  |
| 24a. REGISTRAR (Signature)<br><b>JASON MUTH</b><br><i>SIGNATURE AUTHENTICATED</i>   |  | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)<br><b>February 22, 2011</b>   |   | 24c. DEATH DUE TO COMMUNICABLE DISEASE<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)<br>PART I  |  |   |   | Interval between onset and death  |  |
| (a) <b>Infarcted Bowel</b>  |  |   |   | <b>3 Days</b>   |  |
| (b) <b>Terminal Liver Cancer</b>  |  |   |   | <b>3 Months</b>   |  |
| (c)   |  |   |   | Interval between onset and death  |  |
| (d)   |  |   |   | 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)<br><b>No</b>  |  |
| 27. WAS CASE REFERRED TO CORONER (Specify Yes or No)<br><b>No</b>   |  |   |   |   |  |
| 29a. ACC., SUICIDE, HGM., UNDET. OR PENDING INVEST. (Specify)   |  | 28b. DATE OF INJURY (Mo/Day/Yr)   |   | 28c. HOUR OF INJURY   |  |
| 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

3580455

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VRS-Rev-20\*10/04



374630 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

*Rand White*  
STATE REGISTRAR  
*SIGNATURE AUTHENTICATED*

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

