

DOC # 0229707

07/31/2015

02:47 PM

APN: 009-260-15

Official Record

Recording requested By
GWEN THOMAS

When recorded return to:
Gwen Thomas
PO Box 84
Eureka, NV 89316

Eureka County - NV
Sara Simmons - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: LH
Book- 581 Page- 0351

Mail Tax Statements To:
Gwen Thomas
PO Box 84
Eureka, NV 89316



0229707

AFFIDAVIT OF DEATH OF JOINT TENANT

GWEN THOMAS does hereby subscribe and swear under penalty of perjury that the following assertions are true:

1. That CARLTON S. THOMAS was a grantee in the certain Executor's Deed dated December 27, 2004, Document 194948, wherein ROY WILLIAM HILL, deceased, is the party of the first part and CARLTON S THOMAS and GWEN THOMAS are the parties of the second part, as joint tenants, with right of survivorship, conveying to said parties of the second part all the right, title and fee interest of the party of the first part in that certain real property situated in the County of Eureka, State of Nevada and more particularly described as follows:
One-half (1/2) interest in the BURNING MOSCOW, Patented Mining Claim, Lot 279, situated in the Secret Canyon Mining District, County of Eureka, State of Nevada.
2. That the said Deed was recorded on January 10, 2005 in the Official Records of Eureka County, Nevada as Document 194948.
3. That CARLTON S THOMAS, one of the joint tenant parties of the second part in said Deed, died on August 31, 2013, in Eureka County, Nevada, and is the identical person named in that certified copy of death certificate attached.
4. That the Affiant is the surviving joint tenant.
5. That this affidavit is executed pursuant to NRS 111.365.

DATED on

July 31

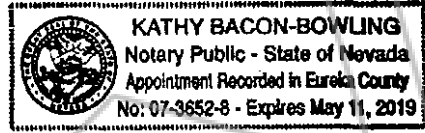
20 *15*

Gwen Thomas

GWEN THOMAS

On July 31, 2015, personally appeared before me, a notary public, GWEN THOMAS, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

Kathy Bacon-Bowling
Notary Public



COPY



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CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2013014693

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Carlton Stewart THOMAS		2. DATE OF DEATH (Mo/Day/Year) August 31, 2013		3a. COUNTY OF DEATH Eureka	
	3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION Name (if not either, give street and number) 480 S Main St.		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify)	
DECEDENT	5. RACE: White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 83	
	7b. UNDER 1-YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A. name-country) Georgia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married		12. SURVIVING SPOUSE (if wife, give maiden name) Gwendolyn MORRISON			
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Hoist Engineer		14b. KIND OF BUSINESS OR INDUSTRY Mining	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
DISPOSITION	16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Syl THOMAS		17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Bertha RUTLEDGE			
	18a. INFORMANT - NAME (Type or Print) Gwendolyn M. THOMAS		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 84 Eureka, Nevada 89316			
TRADE CALL	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 (Of Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO. BOX 669 Elko NV 89803	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		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)	
REGISTRAR	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) Coroner Kenneth E Jones, PO Box 736 Eureka, NV, 89316		23b. LICENSE NUMBER			
CAUSE OF DEATH	24a. REGISTRAR (Signature) NICOLE SHORE		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 10, 2013		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).)		26. AUTOPSY (Specify Yes or No) No			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART I (a) Alzheimers Disease with Advanced Dementia		Interval between onset and death Immediate			
	(b) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death				
(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 Prostate Cancer		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		
28a. INJURY AT WORK (Specify Yes or No)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED				
28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28e. INJURY AT WORK (Specify Yes or No)				

STATE REGISTRAR

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VRS-Rev-20120523a

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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:

09/12/2013

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

R. J. [Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

