

APN: 009-260-15

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

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

DOC # 0229707

07/31/2015

02:47 PM

Official Record

Recording requested By
GWEN THOMAS

Eureka County - NV
Sara Simmons - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LH

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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



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STATE OF NEVADA

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 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) 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)		4. SEX Male		
	5. RACE, White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 83		7b. UNDER 1-YEAR MOS Home		
	9a. STATE OF BIRTH (If not U.S.A., name country) Georgia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		8. DATE OF BIRTH (Mo/Day/Yr) September 03, 1929		
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married		12. SURVIVING SPOUSE (if wife, give maiden name) Gwendolyn MORRISON		13. SOCIAL SECURITY NUMBER [REDACTED]		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		15d. STREET AND NUMBER 480 S Main St		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
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					
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 689 Elko NV 89803			
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									
21b. DATE SIGNED (Mo/Day/Yr) September 09, 2013			21c. HOUR OF DEATH 02:00			21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) August 31, 2013			
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) KENNETH E JONES									
22b. DATE SIGNED (Mo/Day/Yr) September 09, 2013			22c. HOUR OF DEATH 02:00			22d. PRONOUNCED DEAD (Mo/Day/Yr) August 31, 2013			
22e. PRONOUNCED DEAD AT (Hour) 10:25			23. LICENSE NUMBER						
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									
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).) Alzheimers Disease with Advanced Dementia									
25a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)									
25b. DATE OF INJURY (Mo/Day/Yr)			25c. HOUR OF INJURY			25d. DESCRIBE HOW INJURY OCCURRED			
25e. INJURY AT WORK (Specify Yes or No)			25f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)			25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE			
26. AUTOPSY (Specify Yes or No) No									
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes									
28. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. Prostate Cancer									

STATE REGISTRAR

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VR9-Rev-20120523a

498929

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.

SIGNATURE AUTHENTICATED

