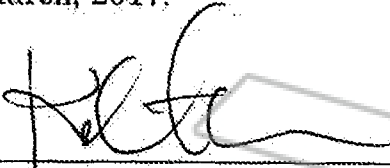


I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **CARLTON S. THOMAS** in the above-described real property has terminated by virtue of his death and that title to the real property is now vested solely in the surviving joint tenant, **GWENDOLYN M. THOMAS**, as her sole and separate property.

DATED this 14th day of March, 2017,

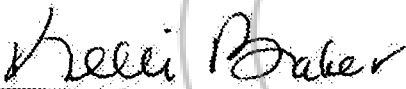


KATIE HOWE MCCONNELL

State of Nevada
County of Elko

On the 14th day of March, 2017, before **KELLI BAKER**, the undersigned Notary, personally appeared **KATIE HOWE MCCONNELL** personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity or individually and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Signature of Notary
(Attach seal or stamp of Notary)



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

1. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Carlton Stewart THOMAS		2. DATE OF DEATH (Mo/Day/Year) August 31, 2013		3. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION (Name if not other, give street and number) 480 S Main St		3d. Hosp. or Inst. Indicate ICD-9/ICD-10 Emer. Rm. Inpatient (Specify)	
4. RACE (Specify) White		5. Hispanic Origin? (Specify) No - Non-Hispanic		7. AGE Last birthday (Years) 63	
9a. STATE OF BIRTH (If not U.S.A., give country) Georgia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Holt Engineer		14b. KING 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) SY THOMAS	
16a. INFORMANT NAME (Type or Print) Gwendolyn M THOMAS		16b. MOTHER/PARENT NAME (First, Middle, Last, Suffix) Bertha RUTLEDGE		17. SURVIVING SPOUSE (If wife, give maiden name) (Gwendolyn MORRISON)	
18a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		18b. CEMETERY OR CREMATORY NAME Sunset Crematory		18c. LOCATION (City or Town, State) Elko Nevada 89803	
20a. FUNERAL DIRECTOR'S SIGNATURE (Of Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burris Funeral Home PO BOX 889 Elko NV 89805	
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/Year) September 09, 2013		21c. HOUR OF DEATH 02:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. PRONOUNCED DEAD (Mo/Day/Year) August 31, 2013		22b. PRONOUNCED DEAD AT (Hour) 10:25	
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. DEATH DUE TO COMMUNICABLE DISEASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) September 10, 2013		24c. IMMEDIATE CAUSE PART I Alzheimers Disease with Advanced Dementia	
25. IMMEDIATE CAUSE PART I (a) DUE TO, OR AS A CONSEQUENCE OF		(b) DUE TO, OR AS A CONSEQUENCE OF		(c) DUE TO, OR AS A CONSEQUENCE OF	
25. IMMEDIATE CAUSE PART II Prostate Cancer		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
28a. ACC, SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Year)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		28f. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

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Book: 599 03/15/2017
Page: 396 3 of 3

VRS Rev. 20120522a

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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]
SIGNATURE AUTHENTICATED

