

APN: 009-260-15

**DOC# 232704**

03/15/2017

02:00PM

**Official Record**

Requested By  
COPENHAVER & MCCONNELL, PC

**Eureka County - NV**

**Lisa Hoehne - Recorder**

Page: 1 of 3 Fee: \$16.00

Recorded By CH RPTT: \$0.00

Book- 0599 Page- 0394



0232704

Send Tax Statements to:

Michael J. Venturino

P.O. Box 150474

Ely, NV 89315

When recorded return to:

Copenhaver & McConnell, P.C.

950 Idaho Street

Elko, NV 89801

**AFFIDAVIT TERMINATING JOINT TENANCY**  
**PURSUANT TO NRS 111.365**

STATE OF NEVADA     )  
                                      ) ss.  
COUNTY OF ELKO     )

I, **KATIE HOWE MCCONNELL**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That **GWENDOLYN M. THOMAS** was the surviving spouse of **CARLTON S. THOMAS**.

2. That **CARLTON S. THOMAS** and **GWENDOLYN M. THOMAS** acquired the following described property in the County of Eureka, State of Nevada, as joint tenants with right of survivorship, by that certain Deed recorded on October 17, 1988, Book 187, Page 251, Official Records of the Eureka County Recorder, Eureka County, State of Nevada, said real property being more specifically described as follows:

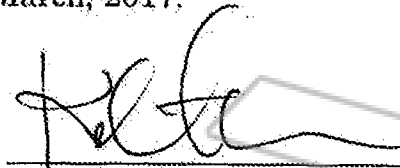
APN:009-260-15

Green Seal Lode Millsite

3. That **CARLTON S. THOMAS**, being one of the persons described in the foregoing described Deed as a grantee and joint tenant, died in the County of Eureka, State of Nevada, on the 31st day of August, 2013. That a certified copy of the death certificate of **CARLTON S. THOMAS** is attached to this Affidavit and made a part thereof.

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.

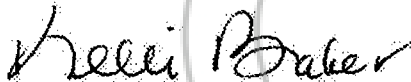


**KATIE HOWE MCCONNELL**

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, not other, give street and number) 480 S Main St		3d. Hosp. or Inst. indicate DOA of Emer. Rm. (Specify)	
5. RACE (Specify) White		6. Hispanic Origin? (Specify) No - Non-Hispanic		7. AGE Last birthday (Years) 83	
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 [REDACTED]		14a. 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. DATE OF BIRTH (Mo/Day/yr) September 03, 1929	
16. FATHER/PARENT NAME (First, Middle, Last, Suffix) SY THOMAS		17. MOTHER/PARENT NAME (First, Middle, Last, Suffix) Bertha RUTLEDGE		12. SURVIVING SPOUSE (If wife, give maiden name) Gwendolyn MORRISON	
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		19. LOCATION (City or Town, State) Eureka Nevada 89316	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Sunset Crematory		20a. FUNERAL DIRECTOR'S SIGNATURE (Of Person Acting as Such) JASON MUTH	
20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home		20d. P.O. BOX 889 Eureka, NV 89305	
21. TRADE CALL - NAME AND ADDRESS [REDACTED]					
22a. 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					
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. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN/ATTENDING PHYSICIAN/MEDICAL EXAMINER OR CORONER) (Type or Print) Coroner Kenneth E. Jones, P.O. Box 736 Eureka, NV 89316					
23b. LICENSE NUMBER					
24. 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)) (a) Alzheimer's Disease with Advanced Dementia (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUENCE OF					
Interval between onset and death Immediate Interval between onset and death Interval between onset and death 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					
26a. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/yr)		26c. HOUR OF INJURY	
26d. INJURY AT WORK (Specify Yes or No)		26e. PLACE OF INJURY: At home, farm, street, factory, office, building, etc. (Specify)		26f. LOCATION: STREET OR R.F.D. No. CITY OR TOWN STATE	

3731219

STATE REGISTRAR



232704

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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

SIGNATURE AUTHENTICATED

