

APN: 005-430-12; 002-027-10

Recording Requested By:

Name: Robert J. Wines, Prof. Corp.

Address: 687 6th Street, Suite 1

City, State, Zip: Elko, NV 89801

Send Tax Statement To:

Name: Howard G. Wright

Address: 173 First Street

City, State, Zip: Crescent Valley, NV 89821

EUREKA COUNTY, NV

2018-235197

Rec:\$35.00

06/04/2018 08:07 AM

Total:\$35.00

ROBERT J WINES PROF CORP

Pgs=4



00001633201802351970040045

LISA HOEHNE, RECORDER

Affidavit Terminating Joint Tenancy

(Title of Document)

Please complete the cover page, check one of the following and sign below.

I the undersigned hereby affirm that this document submitted for recording does not contain a social security number.

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law:

440.380.1a; 111.721

Robert J. Wines
ROBERT J. WINES

Attorney

Title

APN: 005-430-12; 002-027-10

Please Send Tax Statement To:

Cecil G. Wright
173 First Street
Crescent Valley, NV 89821

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss.
COUNTY OF EUREKA)

HOWARD G. WRIGHT, being first duly sworn, deposes and says:

That Affiant is one of the surviving children of the Grantees in those certain Deeds, described as follows:

PARCEL 1:

That certain Deed, dated April 12, 1979, wherein CATTLEMEN’S TITLE GUARANTEE COMPANY (as Trustee) a Nevada Corporation, was Grantor, and CECIL G. WRIGHT and CHARLOTTE L. WRIGHT, husband and wife, as joint tenants, were Grantees; conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

TOWNSHIP 29 NORTH, RANGE 48 EAST, M.D.B.&M.

Section 11: NW¼NW¼SW¼

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or in anywise appertaining, the reversion or reversions, remainders, rents, issues and profits thereof.

SUBJECT TO all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights of way of record.

That said Deed was recorded on April 20, 1979, in Book 70, at Page 51, Document No. 68140, Official Records of Eureka County Recorder's Office.

PARCEL 2:

That certain Deed, dated April 29, 1977, wherein CATTLEMEN'S TITLE GUARANTEE (as Trustee) a Nevada Corporation, was Grantor, and CECIL G. WRIGHT and CHARLOTTE L. WRIGHT, husband and wife, as joint tenants, were Grantees; conveying those certain lots, pieces or parcels of land situate in the County of Eureka, State of Nevada, more particularly described as follows:

Block 2, Lot 5, CRESCENT VALLEY RANCH and FARMS UNIT # 1, as shown on the official map filed in the Office of the County Recorder of Eureka County, Nevada on April 6, 1959.

TOGETHER WITH any and all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditament and appurtenances thereunto belonging or in anywise appertaining, the reversion or reversions, remainders, rents, issues and profits thereof.

SUBJECT TO all exceptions, reservations, restrictions, restrictive covenants, assessments, easements, rights and rights of way of record.

That said Deed was recorded on May 5, 1977, in Book 59, at Page 71, Document No. 62965, Official Records of Eureka County Recorder's Office.

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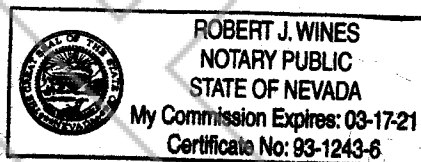
That the said CHARLOTTE L. WRIGHT, one of the Grantees named in the aforesaid Deed, died in the Crescent Valley, Nevada, on June 4, 2016, and is the identical person named as CHARLOTTE LOUISE WRIGHT in that Certificate of Death, duly certified, attached hereto; that said certified copy of Certificate of Death is hereby referred to and by such reference is incorporated into this paragraph as though herein fully set forth.

FURTHER AFFIANT SAITH NOT.

Howard G. Wright
HOWARD G. WRIGHT

SUBSCRIBED AND SWORN TO
before me, by HOWARD G. WRIGHT
this 18 day of May, 2018.

Robert J. Wines
NOTARY PUBLIC
Commission Expires: 3/17/21



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2016010329
STATE FILE NUMBER

CASE FILE NO. 3897544

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) Charlotte Louise WRIGHT		2. DATE OF DEATH (Mo/Day/Year) June 04, 2016		3a. COUNTY OF DEATH Eureka	
3b. CITY, TOWN, OR LOCATION OF DEATH Crescent Valley		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and inpatient)(Specify) 173 1st Street Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 87	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 MIN MIN	
8. DATE OF BIRTH (Mo/Day/Yr) February 28, 1929		9a. STATE OF BIRTH (if not US/CA, name country) Washington			
9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 9		11. MARITAL STATUS (Specify) Married	
12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Cecil WRIGHT		13. SOCIAL SECURITY NUMBER			
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Crescent Valley	
15d. STREET AND NUMBER 173 1st Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Daniel William RANKIN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Edith Gertrude VANORDER		
18a. INFORMANT - NAME (Type or Print) Cecil WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 173 1st Street Crescent Valley, Nevada 89821			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Burns Memorial Gardens		19c. LOCATION City or Town State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER 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) KEITH LOGAN					
21b. DATE SIGNED (Mo/Day/Yr) June 09, 2016		21c. HOUR OF DEATH 06:02		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
22a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KEITH LOGAN		22b. DATE SIGNED (Mo/Day/Yr) June 09, 2016		22c. HOUR OF DEATH 06:02	
22d. PRONOUNCED DEAD (Mo/Day/Yr) June 04, 2016		22e. PRONOUNCED DEAD AT (Hour) 06:02			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Keith Logan PO Box 736 Eureka, NV 89316				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 09, 2016		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).)					
PART I					
(a) Cardiac Arrest				Interval between onset and death Immediate	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Coronary Artery Disease				Unknown	
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) 					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28a. 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

VRS-Rev-20120523a



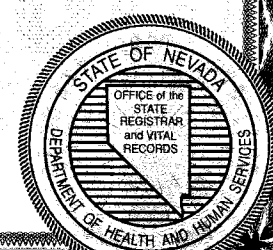
CERTIFIED COPY OF VITAL RECORDS

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: **6/9/2016**

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

Cody Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE