

Official Record

Requested By  
VAUGHAN & HULL LTD

Elko County - NV

Jerry D. Reynolds - Recorder

Page 1 of 5 Fee: \$18.00

Recorded By: NR RPTT:



APN: 007-08F-005

Recording Requested  
by & Return to:

Vaughan & Hull, Ltd.  
530 Idaho Street  
Elko, NV 89801

Mail Tax Statement to:

Carol M. Cuthbertson  
1821 Sequoia Drive  
Elko, NV 89801

**AFFIDAVIT TERMINATING JOINT TENANCY**

STATE OF NEVADA        )  
                                  ) ss.  
COUNTY OF ELKO        )

I, **CAROL M. CUTHBERTSON**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. That **CAROL M. CUTHBERTSON** is the surviving widow of **ARLYNN A. CUTHBERTSON**, Deceased, and the surviving joint owner of said **ARLYNN A. CUTHBERTSON**, who acquired title in and to the property hereinafter described.

2. That Affiant, **CAROL M. CUTHBERTSON**, and **ARLYNN A. CUTHBERTSON**, Deceased, acquired the following described property as community property with right of survivorship, by that certain deed dated the 29<sup>th</sup> day of September, 2001, and recorded in Book 1 of Official Records at Page 31946, in the office of the County Recorder, Elko County,

said property being located in the County of Elko, State of Nevada, and being more particularly

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described as follows, to wit:

Lot 5 of V-7 Ranchos according to the map of the division of lands for Leo Damele and Sons Ranches, Inc., filed in the Office of the County Recorder of Elko County, Nevada as File No. 161269.

Excepting therefrom an undivided fifty percent (50%) of all oil, gas and other hydrocarbons of every kind and nature whatsoever lying in or under said land, reserved by Leo Damele and Sons Ranches, Inc., in Deed recorded July 24, 1987, in Book 569, page 416, File No. 231888, Official Records, Elko county, Nevada.

Together with all buildings and improvements thereon.

Together with all and singular the tenements, hereditaments, easements, and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof.

Together with only the following listed portion of those water rights decreed to said lands pursuant to the Decree entered in case number 2804 of the Sixth Judicial district Court of the State of Nevada in and for the county of Humboldt entitled "In the Matter of the Determination of the Relative Rights of Claimants and Appropriators of the Waters of the Humboldt River Stream System and Tributaries", Proof Number 00421, claimant HENRY VOIGHT, page 56 of the Edwards Decree as set out in the Blue Book Edition's compilation of "The Humboldt River Adjudication - 1923-1938".

<u>V-7 Ranchos Lot</u>	<u>Priority</u>	<u>Harvest Acres</u>
5	1884	29.72
<u>V-7 Ranchos Lot</u>	<u>Priority</u>	<u>Harvest Acres</u>
5	1884	29.72
5	1881	11.51

As shown on the "Water Right Distribution Map of Division Into Large Parcels of V-7 Ranchos for LEO DAMELE AND SONS RANCHES, INC.," dated October, 1981 (a copy of which has been delivered to the Elko, Nevada office of the Nevada Division of Water Resources). The source shall be Beaver or Thorpe Creek through the diversion into Franke Ditch, and the springs in the lots of V-7 Ranchos (to the extent a spring supplies any water to a lot). The ditches shall be the Franke Ditch and the ditches from said springs in



said lots of V-7 Ranchos to the extent such ditches serve a lot. Franke Ditch for the purpose of this conveyance shall include Franke Ditch from the point of diversion in Thorpe or Beaver Creek in the SW¼SW¼, Section 10, T. 33 N., R. 58 E., M.D.B. & M., both the West Fork and the East Fork of Franke Ditch and the Middle fork of Franke Ditch which begins in the NE¼NE¼ of Section 9, T. 33 N., R. 58 E., M.D.B. & M. Such water shall be used subject to and in accordance with such Decree and Proof, and the regulations and administration of the State Engineer of the State of Nevada, the laws of the State of Nevada, and this Deed.

SUBJECT TO all taxes and assessments, reservations, exceptions, easements, rights of way, limitations, covenants, conditions and restrictions affecting the property of record.

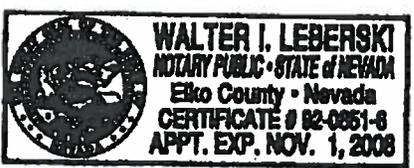
3. That **ARLYNN A. CUTHBERTSON**, being one of the persons described in the foregoing described deed as a grantee and joint owner of community property with right of survivorship, died in the City of Elko, County of Elko, State of Nevada, on the 31<sup>st</sup> day of March, 2007. That a certified copy of the death certificate of said **ARLYNN A. CUTHBERTSON**, is attached to this Affidavit and made a part hereof.

4. That Affiant makes this Affidavit for recording and for the purpose of terminating all right, title, interest and Estate of said **ARLYNN A. CUTHBERTSON**, the Deceased joint owner of community property with right of survivorship, in and to the foregoing described property, and vesting title thereto solely in Affiant, **CAROL M. CUTHBERTSON**, as the surviving joint owner.

*Carol M. Cuthbertson*  
CAROL M. CUTHBERTSON

Subscribed and sworn to before me this 27<sup>th</sup> day of April, 2007.

*Walter I. Leberski*  
NOTARY PUBLIC



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH**  
**VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

2007001724

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 Arlynn			1b. MIDDLE Alexander			1c. LAST CUTHBERTSON			2. DATE OF DEATH (Mo/Day/Year) March 31, 2007			3a. COUNTY OF DEATH Elko					
3b. CITY, TOWN, OR LOCATION OF DEATH Elko				3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 1821 Sequoia Dr.					3d. Hosp. or Inst. Indicate DOA, OP/Emmer, Res. Inpatient (Specify)			4. SEX Male					
5. RACE (e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic			7a. AGE-Last birthday (Years) 84		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1922					
9a. STATE OF BIRTH (If not U.S.A., name country) Kansas			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 16		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (If wife, give maiden name) Carol MAIN						
13. SOCIAL SECURITY NUMBER				14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Veterinarian					14b. KIND OF BUSINESS OR INDUSTRY Doctor Of Animals								
15a. RESIDENCE - STATE Nevada			15b. COUNTY Elko			15c. CITY, TOWN OR LOCATION Elko			15d. STREET AND NUMBER 1821 Sequoia Dr.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Arthur Alexander CUTHBERTSON						17. MOTHER - NAME (First Middle Last Suffix) Lillie Ann CONARD											
18a. INFORMANT - NAME (Type or Print) Carol CUTHBERTSON						18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1821 Sequoia Dr., Elko, Nevada 89801											
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 (Or Person Acting as Such) R SCOTT BURNS SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Buras Funeral Home PO BOX 689 Elko NV 89803											
TRADE CALL - NAME AND ADDRESS																	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) [Signature]						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) WILLIAM WEBB CORONER SIGNATURE AUTHENTICATED											
21b. DATE SIGNED (Mo/Day/Yr)				21c. HOUR OF DEATH				22b. DATE SIGNED (Mo/Day/Yr) April 09, 2007				22c. HOUR OF DEATH 08:00					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) March 31, 2007						22e. PRONOUNCED DEAD AT (Hour) 08:00					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) William Webb CORONER 569 Court St. Elko, NV 89801										23b. LICENSE NUMBER							
24a. REGISTRAR (Signature) BERTHA MURPHREE SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 09, 2007			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) Respiratory arrest																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) Cardiac arrest																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c)																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC. BUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			28b. DATE OF INJURY (Mo/Day/Yr)			28c. HOUR OF INJURY			28d. DESCRIBE HOW INJURY OCCURRED								
28e. 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



57243

04/30/2007  
004 of 5

143211

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:

04/19/2007

[Signature]  
SIGNATURE AUTHENTICATED

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

PHS 70 (Rev. 11/04)





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**AFFIRMATION**  
Pursuant to NRS 239B.030

The undersigned does hereby affirm that the preceding document, AFFIDAVIT  
TERMINATING JOINT TENANCY, does not contain the social security number of any person.

Dated the 30<sup>th</sup> day of April, 2007.

VAUGHAN & HULL, LTD.  
Attorneys for Petitioner  
530 Idaho Street  
P.O. Box 1420  
Elko, NV 89803

By:   
ROBERT O. VAUGHAN