

363401

BOOK 444 PAGE 734

APN #001-034-09; #003-161-03;  
#003-161-11 & #003-161-12

OFFICIAL RECORDS  
PERSHING CO. NEVADA  
RECORD REQUESTED BY  
**BELANGER & PLIMPTON**

09 APR 17 AM 8:58

ROLL 444 PAGE 734  
DARLENE MOURA  
COUNTY RECORDER

DEP. Q FILE NO. \_\_\_\_\_

I, the undersigned, hereby affirm that this document, submitted for recording, does contain the social security number of any person or persons. (Per NRS 239B.030)



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363401

INDEXED

**AFFIDAVIT TERMINATING JOINT TENANCY**

**INDEXED**

STATE OF NEVADA            )  
  :SS.  
COUNTY OF PERSHING    )

**RUSSELL D. KIEL** does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. **RUSSELL D. KIEL** is the surviving spouse of **ROSANNE KIEL**, deceased.

2. **ROSANNE KIEL** died in the City of Reno, County of Washoe, State of Nevada, on December 14<sup>th</sup>, 2008.

3. On April 20<sup>th</sup>, 1977, **RUSSELL KIEL** and **ROSANNE KIEL**, husband and wife, acquired, as joint tenants, the certain lot, piece and parcel of land situate, lying and being in the County of Pershing, State of Nevada, by Joint Tenancy Deed, recorded as Document No. 193583, in Book 274, Page 591, of the Official Records of Pershing County, Nevada. The legal description of the real property is as follows:

**Assessor's Parcel #001-034-09**

All of Lot One (1) and the South twenty-eight (28) feet of Lot Two (2) in Block "O" of the Western Addition to the City of Lovelock, County of Pershing, State of Nevada.

4. On May 30<sup>th</sup>, 2008, RUSSELL D. KIEL and ROSANNE KIEL, husband and wife, acquired, as joint tenants with right of survivorship, the certain lot, piece and parcel of land situate, lying and being in the County of Pershing, State of Nevada, by Joint Tenancy Deed, recorded as Document No. ~~360251~~<sup>360250 MH</sup>, in Book 435, Page ~~913~~<sup>911 MH</sup>, of the Official Records of Pershing County, Nevada. The legal description of the real property is as follows:

**Assessor's Parcel #003-161-03**

The West Half of the Northwest Quarter (W $\frac{1}{2}$  NW $\frac{1}{4}$ ) of Section Twenty-Eight (28), Township Twenty-Eight (28) North, Range Thirty-Two (32) East, M.D.B.&M. LESS that portion of the same conveyed to Elwood J. Wright and Rita A. Wright by Deed Recorded June 4, 1958, at page 154 of Book 6, Official Records of Pershing County, Nevada.

**NOTE:** Previously recorded on October 23<sup>rd</sup>, 1997, as Document No. 215886, Book 324, Page 547, in the Recorder's Office, Pershing County, Nevada.

5. On May 30<sup>th</sup>, 2008, RUSSELL D. KIEL and ROSANNE KIEL, husband and wife, acquired, as joint tenants with right of survivorship, the certain lot, piece and parcel of land situate, lying and being in the County of Pershing, State of Nevada, by Joint Tenancy Deed, recorded as Document No. ~~360252~~<sup>360249 MH</sup>, in Book 435, Page ~~917~~<sup>909 MH</sup>, of the Official Records of Pershing County, Nevada. The legal description of the real property is as follows:

**Assessor's Parcel #003-161-11 & #003-161-12**

That certain parcel of real property located in Pershing County, Nevada, to wit: The Northeast one quarter (NE $\frac{1}{4}$ ), East half of Northwest quarter (E $\frac{1}{2}$  of NW $\frac{1}{4}$ ), Northeast quarter of Southwest quarter (NE $\frac{1}{4}$  of SW $\frac{1}{4}$ ), and Northwest quarter of Southeast quarter (NW $\frac{1}{4}$  of SE $\frac{1}{4}$ ) of Section Twenty-eight, Township Twenty-eight North, Range Thirty-two, East, Mount Diablo Base & Meridian; Together with all improvements situated thereon, including machinery, power plant, water and water rights, ditch and ditch rights, appurtenant thereto or used in connection therewith and also including pumping plant pipe lines, etc., necessary, incident or appurtenant to the said lands, excepting 3.99 acres conveyed to the State of Nevada for highway purposes.

**NOTE:** Previously recorded on October 23<sup>rd</sup>, 1997, as Document No. 215887, Book 324, Page 548, in the Recorder's Office, Pershing County, Nevada.

6. At the time of death, ROSANNE KIEL's interest, under that certain lot, piece and parcel of land described in paragraph 3 through 5 above, continued to be held by RUSSELL KIEL and ROSANNE KIEL, as joint tenants with right of survivorship. As a result of the death of ROSANNE KIEL, the joint tenancy form of title and any other interest described in paragraph 3 through 5 above is now owned by **RUSSELL D. KIEL**, a widower, as his sole and separate property.

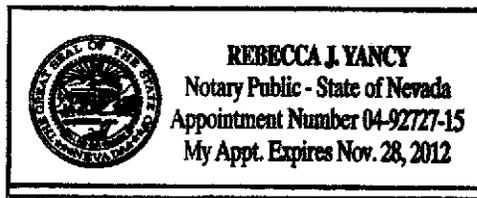
**DATED** this 16<sup>th</sup> day of April, 2009.

  
**RUSSELL D. KIEL**

**SUBSCRIBED AND SWORN** to before me, a Notary Public, on this 16<sup>th</sup> day of April, 2009.

  
**NOTARY PUBLIC**

**RETURN TO:**  
**BELANGER & PLIMPTON**  
P.O. Box 59  
Lovelock, NV 89419



# WASHOE COUNTY DISTRICT HEALTH DEPARTMENT

VITAL STATISTICS  
Reno, Nevada

BOOK **444** PAGE **737**

## CERTIFICATE OF DEATH

**2008019879**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Rosanne G KIEL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 14, 2008</b>		3a. COUNTY OF DEATH <b>Washoe</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Reno</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name/(If not either, give street and number) <b>Renown Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>Emergency Room / Outpatient</b>	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>54</b>	
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>December 24, 1953</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>18</b>	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (If wife, give maiden name) <b>Russell KIEL</b>			
PARENTS	13. SOCIAL SECURITY NUMBER <b>530-46-1453</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Teacher/rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Education/ranching</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Pershing</b>		15c. CITY, TOWN OR LOCATION <b>Lovelock</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1205 Central Ave.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER - NAME (First Middle Last Suffix) <b>James T GOODIN</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Mary WATTS</b>		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) <b>Russell KIEL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 891 Lovelock, Nevada 89419</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Smith Family Crematory</b>		19c. LOCATION City or Town State <b>Fallon Nevada 89407</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>GARY COWGER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>13</b>		20c. NAME AND ADDRESS OF FACILITY <b>Lovelock Funeral Home</b> <b>PO BOX 96 Lovelock NV 89419</b>	
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>KATHERINE P RAVEN M.D.</b> SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		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) <b>January 22, 2009</b> 15:47	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 14, 2008</b>		22e. PRONOUNCED DEAD AT (Hour) <b>15:47</b>	
CAUSE OF DEATH	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Katherine P Raven M.D. PO Box 11130 Reno, NV 89520</b>				23b. LICENSE NUMBER <b>8663</b>	
	24a. REGISTRAR (Signature) <b>BRIDGES SANDI</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 27, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				26. AUTOPSY (Specify Yes or No) <b>Yes</b>	
	PART I				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
(a) <b>Methicillin resistant staphylococcus aureus sepsis</b>		Interval between onset and death				
(b) <b>Neutropenia associated with chemotherapy</b>		Interval between onset and death				
(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death				
(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>		Interval between onset and death				
PART II						
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28d. DESCRIBE HOW INJURY OCCURRED		
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

STATE REGISTRAR

### 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.

DEPUTY REGISTRAR

*Mary A. Anderson*  
SIGNATURE AUTHENTICATED

DATE ISSUED: **01/27/2009**

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-2008T



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