

121670

FILED FOR RECORDING
AT THE REQUEST OF

Secretarial Service

2004 JAN 26 AM 10 32

LINCOLN COUNTY RECORDER
FEE 15⁰⁰

LESLIE BOUCHER

1
2
3 A.P.N.: 011-170-03
When Recorded, Mail To:

4 Marion Keith Simmers
5 HCR61 Box 42
6 Hiko, Nevada 89017

7 AFFIDAVIT OF DEATH OF JOINT TENANT

8 State of Nevada)

9 County of Lincoln)

10 _____
11 Marion Keith Simmers, of legal age, being first duly sworn, deposes and says:

12 That Velma Irene Simmers, the decedent mentioned in the attached certified copy of the
13 Certificate of Death, is the same person as Velma Irene Simmers named as one of the parties in
14 that certain Quitclaim Deed dated July 28, 1984 as joint tenants, recorded as Instrument No. 80614
15 on August 13, 1984, in Book 61, Page 109 of Official Records of Lincoln County Recorder, Lincoln
16 County, Nevada, covering the following described property situated in the said County, State of Nevada:

17 BEING that portion of Section 30, Township 6 South, Range 61 East, MDB&M, described as
18 follows:

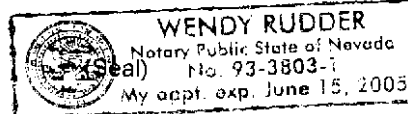
19 COMMENCING at the Northeast corner of Section 30, Township 6 South, Range 61 East,
20 MDB&M, and running thence South 787 feet to the Southeast Corner; thence West 1320 feet to
21 the Southwest corner; thence North 787 feet to the Northwest corner; thence East 1320 feet to
22 the place of beginning.

23 _____
24 Marion Keith Simmers
MARION KEITH SIMMERS

25 Subscribed and Sworn to before me

26 this 13th day of August, 2003

27 _____
Signature
Notary Public Commissioned for said County and State



STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last Velma Irene SIMMERS	DATE OF DEATH (Month, Day, Year) October 5, 2000	STATE FILE NUMBER	COUNTY OF DEATH Lincoln
DECEDENT	3b. Hiko CITY, TOWN OR LOCATION OF DEATH		3c. 11 N. Richardville Road HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		3e. SEX Female
	5. RACE—(e.g., White, Black, American Indian, etc.) (Specify) White	6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no if yes, specify Mexican, Cuban, Puerto Rican, etc.	7a. AGE—Last Birthday (Years) 58	7b. UNDER 1 YEAR MOS : DAYS 7b. 58	7c. UNDER 1 DAY HOURS : MINS 7c. 58
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) Nevada	9b. CITIZEN OF WHAT COUNTRY U.S.A.	10. Decedent's Education. Specify highest grade completed. 11	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
	12. SURVIVING SPOUSE (If wife, give maiden name) Marion Keith Simmers		14b. KIND OF BUSINESS OR INDUSTRY Christian Enterprises		
PARENTS	13. FATHER—NAME First Middle Last Floyd A. Walch		17. MOTHER—MAIDEN NAME First Middle Last Elvira Catherine Christian		
	18a. INFORMANT—NAME (Type or Print) Marion Keith Simmers		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) HCR 61 Box 42 Hiko, Nevada 89017		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—NAME Hites Crematory		19c. LOCATION City or Town State Henderson, Nevada
	20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) <i>[Signature]</i>		20b. FUNERAL DIRECTOR LICENSE NUMBER 15		20c. NAME AND ADDRESS OF FACILITY Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008
CERTIFIER	21a. To be completed by CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>[Signature]</i>		22a. To be completed by Coroner's Officer On the basis of examination and investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) <i>[Signature]</i>		
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		22b. DATE SIGNED (Mo., Day, Yr.) 10-5-00
	21b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21c. HOUR OF DEATH		22c. PRONOUNCED DEAD (Mo., Day, Yr.) Before 0805
	21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Gary Davis; P.O. Box 390 Alamo, Nevada 89001		21e. LICENSE NUMBER		22d. PRONOUNCED DEAD (Mo., Day, Yr.) 10-5-00
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. REGISTRAR (Signature) <i>[Signature]</i>		24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 10-5-00		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)	Hypertensive & Arteriosclerotic Cardiovascular Disease			Interval between onset and death Years
	(b)	DUE TO, OR AS A CONSEQUENCE OF:			Interval between onset and death
CAUSE OF DEATH	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) Yes		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
	28a. ACC. SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (Mo., Day, Yr.)	28c. HOUR OF INJURY M	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

No. 163872



STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

[Signature]
State Registrar

Date Issued: **OCT 12 2000**

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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