			•		FILED FOR RE	CORDING	
		2 187 11			AT THE REQU	JEST OF	
•	APN:	3-087-04	<del></del>	<b>\</b>		. 0.	_
	When rec	corded, mail to:		~ )5	MM ? Vide	ie toto	ÎQ.
	10	hn/Vickiesaet 18 Contera Crt.	et <u>cie</u>	2	1005 APR 8 PM	1 38	
	<del>51</del>	18 Segas NV	89121		•	1- 40	
		10 vegas, 10 v	21150		LINCOLL COUNTY	AEC JRDE <del>(* -</del> ・ DEP <i>の</i> 人	
					LESLIE BOU	OHER	
		AFFIDA	AVIT OF SURV	IVING JOINT TE	NANT	\ \	
	STATE O	F NEVADA )		<		-11	
	COUNTY	OF LINEOLD	SS.				1
	John /Vio following a	<u>kieSue Refrie</u> t assertions are true	ereby swears of his/her own	(or affirms) under personal knowled	r penalty of perjudge:	ury, that the	
~	1. as to the r	l am over the a matters hereinafter	ge of twenty-or stated	ne (21) years and	I competent to b	e a witness	a .
·	Document	e grantees named in t No.      ', 4 <i>ec3</i>	n that certain _ in Book	/4/6 Page	Deed rec	orded as of the	PIE
	Official Re State of N	ecords, in the Office levada.	of the County	Recorder of	Lines In	County	
	3. located in	the County of	<u>)((//)                                 </u>	ne subject of the ate of Nevada, a	nd is known as		
	described	as follows, to wit:	<u> </u>	_ County, Neva	ida, and more	specifically	
	(leg	gal description)		\ \			
	Ass	sessor's Parcel No.	<u> 3-087-0</u>	<u>4</u> .			
	3	William J.A.	rk//n also one	of the grantees	named in said o	leed is the	
	identical	DILLION - 1.	MOR II		inamed as d	tecedent in	
/	part hereo	n Death Certificate	, a certified co	py, of which is ar describe family re	inexed hereto a	nd made a	
		ed joint tenant).		describe larrilly re	<u>лацопънцо, п ап</u>	<u>y, or amam</u>	
	4.	As recited in the	above-descrit	ed Certificate of	Death Willia	am I Arki	lin
	died on 6	As recited in the	in _ <i>LA</i> 9	Juegas M	LARK	County,	",
/		Duckey.	. / J-f	TA.		2-	
	of Nevada		Acte	tela) (	Webree Seu	· Letrice	7_
	ty of Linco			nt's name here)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
This ins	strument was	acknowledged before r	ne on				
DAT	TJURATY	by John Wichie NAME OF PERSON	June 19th	TERE	SA M. SEEVERS		
SEAL	2002	Deven Le	556 ficer)	MOTARY Lincol	PIRLU • STATE of NEVADA in County • Nevada FICATE # 04-92091-11 EXP. OCT. 6, 2008		
				TELADO		***	100

199 ME 422 3

		STATE OF NEV	ADA — DEPARTM	ENT OF	HUMAN RES	SOURCES	make age , ,	لولوندان والمعاد	
	<del>r</del>	DIVISION OF	HEALTH — SECT	ION OF	VITAL STAT	ISTICS			
			CERTIFICATE	OF DE	ATH			_	
TYPE	LOCAL FILE NUMBER  DECEASED—NAME First	Middle				I	STATE EU E NO.		
OR PRINT IN PERMANEN	171111		Last		DATE OF DEATH	(Month, Day, Year)	STATE FILE NUM COUNTY C		
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	J.	ACKLIN		2 August 14, 2004		a Clai	3a Clark	
DECEDENT	3b. Las Vegas		NSTITUTION—Name (if not e)			If Hosp. or Inst. Indicate [ Rm. Inpatient (Specify)	DOA, OP/Emer.	SEX	
		3c. Desert Springs Hospital  Decedent of Hispanic Origin? Specify ☐ yes 10 no II yes. AGE—Ify Mexican, Cuban, Puerto Rican, etc.					<u>.</u>	4. Male	
	Indian, etc.) (Specify) specif	ly Mexican, Cuban, Puerto R	? Specify ☐ yes 180 no líyes, lican, etc.	AGE-Last Birthday (Ye	INDERTY	EAR UNDER 1 DAY	DATE OF HIDTH		
JF DEATH	STATE OF BIRTH	ITIZEN OF WHAT COUN-	In. I ii =		ru. •	7c.	BApril 2	29, 1916	
OCCURRED IN Institution	(If not U.S.A., name country) 9a. Nevada	RY	Decedent's Education. Spe grade completed.	cify highest	MARRIED, NEVEL WIDOWED, DIVO	R MARRIED, SU	JAVIVING SPOLISE (II	wile, give maiden name)	
see handbook Regarding	SOCIAL SECURITY NUMBER US	SUAL OCCUPATION (CE I	10. 10 Gind of Work Done During Mos	<del></del>	Wide	wed 🚺 12	i \		
COMPLETION OF RESIDENCE ITEMS	13. W	orking Life, Everi II Retired)	Conductor	at of	4	ESS OR INDUSTRY			
1	RESIDENCE—STATE COUNTY		CITY, TOWN, OR LOCATION			Railroad	\		
<b>-</b> →	l 15a. Nevada l 15b. Cl	ark	Ing Vocas		ſ	AND NUMBER	INSIDE C	ITY LIMITS	
DADENSO	FATHER-NAME First	Middle				120 Sonata	Dr. 15e.	Yes or No.	
PARENTS	<sub>16.</sub> William H.	Ack1	in	ER- <i>MAIDEN</i> Lena	- "	·	ldte	Lasi	
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	Della	A Property of the Parket of th	Belle			
	<sub>18a.</sub> Vickie Petrie			antere	(Street or R.F	D. No., City or Town, Stat	e, Zlp)		
	BURIAL, CREMATION, REMOVAL, OTHER (Spe	ocity) CEMETERY C	OR CREMATORY—NAME			s Vegas,NV			
DISPOSITION	<sub>19a.</sub> Cremation		ory Gardens (	Cremat	OTV	The state of the s	or Town	State	
NOT COTTON	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		IECTOR NAME AND ADDR		- ·	<sub>19c.</sub> Las Vega		V	
١	20a. Millilill	20b. 30	200 Runte		776	as Vegas, N		1	
1	2 21a. To the best of my knowledge, death o due to the cause(s) stated.	ccurred at the time, date and	d place and			25 Las Vega	s Blvd. N	0.	
	20	Com a r	Contra	à.	at the time, date a	xamination and/or investiga and place and due to the c	ition, in my opirion de ause(s) and manner s	ath occurred	
j	(Signature and Title)  DATE SIGNED (Mo., Day, Yr.)  21b.	HOUR OF DEATH		TEO DA	Ignature and Title) ATE SIGNED (Ma., D		R OF DEATH	/ /	
ERTIFIER	21b. 6-17-0L	+ 21c. 3;	05 AM	5 221 2 221			H OF DEATH		
	NAME OF ATTENDING PHYSICIAN IF	OTHER THAN CERTIFIER	(Type or Print)		IONOUNCED DEAD	/Mo Dev Yet BRON	NOUNCED DEAD (Ho	~	
			/ /	W. In	/	/	ACONCED DEAD (HO	ur)	
į	NAME AND ADDRESS OF CERTIFIER	R (PHYSICIAN, ATTENDING	PHYSICIAN, MEDICAL EXAM	AINER, OR C	d. ON ORONER). (Type or	22e. /	LICENSE HUMB	<del></del>	
Ļ	23a. Cena Anjum	MD, 4275 8.	Burnham 4200	105 V	505 1.10	caua	- S	70~	
ONDITIONS IF ANY	REGISTRAR	·// all	DATE RECEIVE	BY HEGIST	HAR (Mo., Day, Yr.)	DEATH DUE TO COMM	UNICABLE DISEASE	73	
HICH GAVE FIISE TO MMEDIATE 🕝	24a. (Signature) > (Scan / Onus	va, nugua	241	106 1	8 <b>2004</b>	24c. YES NO	1		
CAUSE TATING THE	25. IMMEDIATE CAUSE (ENTER ONLY ON	E CAUSE PER LINE FOR	i), (b), AND (c).)	_	P	LW. ICOLI NO	interval between on	set and death	
NDERLYING AUSE LAST	PART (a) Cardio	- pul	morra	ru"	tai	luso			
1	DUE TO, OR AS A CONSEQUENC	Æ OF: }			1	-	Interval between on	set and death	
L_ <b>&gt;</b>	(6)	<u> </u>		/	1				
	DUE TO, OR AS A CONSEQUENC	E OF:	10	_		<del></del>	Interval between one	set and death	
AUSE OF	(c) <e a<="" th="" ~=""><th>1 + 4</th><th>relure</th><th>\ \</th><th></th><th></th><th></th><th>[</th></e>	1 + 4	relure	\ \				[	
DEATH	PART OTHER SIGNIFICANT CONDITIONS	Conditions contributing to de	alh but not resulting in the unc	fertying cause	given in Part 1. At	JTOPSY (Specify No Yes or No)	WAS CASE REFERE	RED TO	
	ACC., SUICIDE, HOM, LINDET TOATS OF THE	TY (Mo., Day, Yr.) HOUR OF			26		CORONER (Specify 27. NO	res or Noj	
	(Specify)	N		HOUM WOH	Y OCCURRED		77 de		
	28s. 28s. INJURY AT WORK PLACE OF INJ	URY—At home, farm, street, bullding, etc. (Specify)	M 28d.					1	
	(Specify Yes or No)	bullding etc (Speciful	, factory, office   LOCATION	- /	STREET OR R.F.D.	No. CITY OR	TOWN STAT	<u></u>	

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

STATE REGISTRAR

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: Date Issued:

AUG 24 2004

No. 267793

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573

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