

Official Record

Recording requested By  
ALLIANCE TITLE CO.

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: LB

Book- 230

Page-

0333



0128726

APN# 10-173-02

WHEN RECORDED MAIL TO:

Alliance Title Company of Nevada  
3190 S. Hwy. 160 Suite C  
Pahrump, Nevada 89048

ESCROW NO. 2074873ES

ORDER NO. LV-2306601-IR

**AFFIDAVIT - DEATH OF JOINT TENANT**

The Undersigned hereby affirms that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525.

Arthur R. Fletcher Living Tenant, C/O 4255 Tamarus St. #186, Las Vegas, NV 89119, of legal age, being first duly sworn, deposes and says: That Myrtle LaRae FLETCHER, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as M. L. Fletcher named as one of the parties in that certain JOINT TENANCY/GRANT, BARGAIN AND SALE DEED dated \_\_\_ day of \_\_\_\_, 1991 executed by D. C. DAY and FAY DAY to ART FLETCHER and M. L. FLETCHER, husband and wife, as joint tenants, recorded as Instrument No. 097147 on August 5, 1991 in Book 97, Pages 555 and 556 of Official Records of Lincoln County, NEVADA covering the following described property situated in the County of Lincoln, State of Nevada:

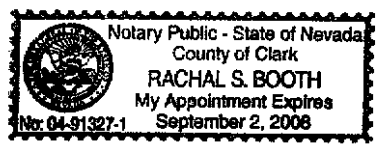
Lot Two (2) Block Three (3) of SUNSET ACRES, Tract No. 1, according to the Official Map thereof, Filed in the Office of the County Recorder of Lincoln County on October 6, 1975 in Book A, Page 117, of Plats, as File No. 57314.

February 9, 2007

Art Fletcher  
Art Fletcher

STATE OF NV, COUNTY OF Clark ss

On 3.21.07 Before me, a Notary Public, appeared Art Fletcher personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged that he executed it.



Signature Rachal S. Booth (Notary Public)

My Commission Expires 9.2.08  
(Notary Seal in box)



# NEVADA

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

TYPE OF PRINT IN PERMANENT BLACK INK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Myrtle LaRae FLETCHER		2. March 23, 2001	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Rachel		3a. Lincoln	
HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)	
3c. 101 Main Street		3e. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.	
5. White		6.	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 68		MOS : DAYS	
		UNDER 1 DAY	
		HOURS : MINS	
DATE OF BIRTH (Mo., Day, Yr.)		DATE OF BIRTH (Mo., Day, Yr.)	
9. Utah		12. September 17, 1932	
CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
9b. U.S.A.		10. 12	
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
13. [REDACTED]		11. Married	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (if wife, give maiden name)	
14a. Housewife		12. Arthur Fletcher	
KIND OF BUSINESS OR INDUSTRY			
14b. Homemaker			
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Lincoln	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Rachel		15d. 101 Main Street	
INSIDE CITY LIMITS (Specify Yes or No)			
15e. Yes			
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Aldolphus Garzand		17. Cora Nell Jones	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Arthur Fletcher		18b. HCR 61 Box 21 Alamo, Nevada 89001	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Alamo Cemetery	
		LOCATION City or Town State	
		19c. Alamo, Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. 15	
		NAME AND ADDRESS OF FACILITY	
		20c. 730 Front Street Caliente, Nevada 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. [Signature]		22b. 03-26-01	
HOUR OF DEATH		HOUR OF DEATH	
21c. [Signature]		22c. Before 0826	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [Signature]		22d. ON 03-23-01	
		PRONOUNCED DEAD (Hour)	
		22e. AT 0826	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)		LICENSE NUMBER	
23a. Gary Davis P.O. Box 390 Alamo, Nevada 89001		23b.	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. -3=26-01	
		DEATH DUE TO COMMUNICABLE DISEASE	
		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Hypertensive Cardio-vascular Disease		Years	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b)		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
Diabetes Mellitus; Morbid Obesity		26. No	
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
28a.		27. Yes	
DATE OF INJURY (Mo., Day, Yr.)			
28b.			
HOUR OF INJURY			
28c.			
DESCRIBE HOW INJURY OCCURRED			
28d.			
INJURY AT WORK (Specify Yes or No)			
28e.			
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.	
28f.		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	
		28g.	

No.177105

STATE REGISTRAR

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

Date Issued: APR 04 2001

*Syonna Sylva*  
 State Registrar

