

Official Record

Recording requested By  
ROBERT MITTELBACH

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$40.00 Page 1 of 2  
RPTT: Recorded By: AE  
Book- 230 Page- 0606



0128803

A.P.N. # 002-073-01, 02  
ESCROW NO. \_\_\_\_\_

RECORDING REQUESTED BY:

ROBERT W. MITTELBACH  
P.O. Box 626

PANACA, NV 89042  
WHEN RECORDED MAIL TO:

ROBERT W. MITTELBACH  
P.O. Box 626  
PANACA, NV 89042

(Space Above For Recorder's Use Only)

**AFFIDAVIT - DEATH OF JOINT TENANT**

STATE OF NEVADA }  
COUNTY OF \_\_\_\_\_ } ss.

ROBERT W. MITTELBACH, of legal age, being first duly sworn, deposes and says: That DARLYNE M. MITTELBACH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DARLYNE M. MITTELBACH named as one of the parties in that certain GPS-DEED dated 11-15-93 executed by FLOYD J. BERG to ROBERT W. MITTELBACH, DARLYNE M. MITTELBACH as joint tenants, recorded as Instrument No. 101448, on 11-15-1993 in Book 107, Page 680, of Official Records of LINCOLN COUNTY County, Nevada, covering the following described property situated in LINCOLN COUNTY County, State of Nevada:

LOT ONE HUNDRED TWENTY SIX (126) SUN GOLD MANOR ADDITION  
LOT ONE HUNDRED TWENTY FIVE (125) TO THE TOWN OF PANACA, NEVADA

DATE: 4.24.07

STATE OF Nevada }  
COUNTY OF Lincoln } ss.

Robert W. Mittelbach  
Robert W. Mittelbach

This instrument was acknowledged before me on April 24, 2007 by Robert W. Mittelbach



TERESA M. SEEVERS  
NOTARY PUBLIC - STATE OF NEVADA  
Lincoln County - Nevada  
CERTIFICATE # 04-32091-11  
APPT. EXP. OCT. 6, 2008

Signature Teresa M. Seevers

Notary Public (One Inch Margin on all sides of Document for Recorder's Use Only)

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

0128803

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H — SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Darlyne Mae MITTELBACH		2. November 25, 2006		3a. Clark			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Las Vegas		3c. The Manor		3a. Inpatient		4. 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.		AGE—Last Birthday (Years)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 87		8. Mar 19, 1919	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Iowa		9b. U. S. A.		10. 12		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY		SURVIVING SPOUSE (If wife, give maiden name)	
13. [REDACTED]		14a. Clerk / Retired		14b. Supermarket		12. Robert Mittelbach	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Panaca		15d. 600 Ernst St.	
INSIDE CITY LIMITS (Specify Yes or No)						15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. David Teagarten		17. Hazel Vaughn					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Robert W. Mittelbach - Husband		18b. 600 Ernst Street, Panaca, Nevada 89042					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Cremation		19b. Palm Crematory		19c. Las Vegas, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. [Number]		20c. Affordable Cremation And Burial			
20c. 2457 N. Decatur Blvd, Las Vegas, Nevada 89108							
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		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) Elvira B. Acosta MD		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.) 11-27-06		HOUR OF DEATH 4:17 AM					
21b.		21c.					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22b. ON		22c. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Elvira Acosta MD 1811 S. Rainbow Las Vegas Nevada 89146		23b. 7576					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. NOV 27 2006		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) Failure to Thrive						Interval between onset and death	
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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
		26. No		27. No			
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 341700

"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.

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

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

By: [Signature]

Date Issued:

NOV 29 2006

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