

DOC # 0128943

05/18/2007

12:18 PM

Official Record

Recording requested By  
SUSAN E. LEWIS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

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RPTT:

Recorded By: LB

Book- 231 Page- 0467



0128943

APN: 003-085-02

When recorded, mail to:  
KERRY M PEARCE  
614 PALM AVE  
NATIONAL CITY, CA 91950-2736

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
 ) : SS  
County of Lincoln )

Susan E Lewis hereby swears under penalty of perjury, that the following assertions are true of her own personal knowledge:

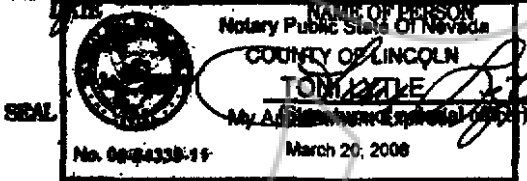
1. I am over the of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated
2. I am the daughter of Orla D Johnston, one of the grantees as joint tenant with rights of survivorship named in said deed, the decedent mentioned in the attached certified copy of Certificate of Death
3. My brother, Kerry M Pearce, the same person also named as joint tenant with rights of survivorship, one of the grantees named in that certain GRANT, BARGAIN and SALE DEED, Dated November 07 2002, recorded as Document No. 152-2028026 in Book 168, Pages 151 and 152, of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, described as follows:  
Lot Eleven (11) in Block Three (3) of the City of Caliente as shown by the map thereof on file in the office of the County Recorder of Lincoln County, Nevada
4. Orla D Johnston died on September 22, 2006, in the Town of Caliente, County of Lincoln, State of Nevada
5. The property subject to joint tenancy or right of survivorship is commonly know as 224 Main St. Caliente, Nevada, 89008

State of Nevada  
County of Lincoln

Susan E Lewis

This instrument was acknowledged before me on

May 18, 2007 by Susan E Lewis



0128943

Book 231 05/16/2007  
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OF VITAL RECORD

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

2006003635  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

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

1a. DECEASED-NAME FIRST Orla			1b. MIDDLE Dean		1c. LAST JOHNSTON		2. DATE OF DEATH (Mo/Day/Year) September 22, 2006		3a. COUNTY OF DEATH Lincoln				
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente			3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Grover C Dils Medical Center				3d. Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient		4. SEX Female				
5. RACE-(e.g., White, Black, American Indian) (Specify) White		6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. No Non-hispanic		7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) November 04, 1930			
9a. STATE OF BIRTH (If not U.S.A., name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)					
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker				14b. KIND OF BUSINESS OR INDUSTRY Own Home						
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente		15d. STREET AND NUMBER 224 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) William LUFKIN						17. MOTHER - NAME (First Middle Last Suffix) Effie PETTINGILL							
18a. INFORMANT - NAME (Type or Print) Kerry M PEARCE				18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 614 Palm Avenue National City, California 91950									
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Removal			19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory				19c. LOCATION City or Town State Cedar City Utah 84720						
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) Boyer, Todd E. SIGNATURE AUTHENTICATED				20b. FUNERAL DIRECTOR LICENSE		20c. NAME AND ADDRESS OF FACILITY Wiscombe Southern Nevada Mortuary 730 Front Street Caliente NV 89008							
TRADE CALL - NAME AND ADDRESS													
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED RICHARD WILLIAM KATSCHKE JR. M.D.						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)							
21b. DATE SIGNED (Mo/Day/Yr) September 23, 2006			21c. HOUR OF DEATH 17:00			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH				
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr)			22e. PRONOUNCED DEAD AT (Hour)				
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard William Katschke Jr. M.D. P.o. Box 676 Caliente, NV 89008									23b. LICENSE NUMBER 10509				
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 25, 2006				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) Respiratory Failure										Interval between onset and death Days			
DUE TO, OR AS A CONSEQUENCE OF: (b) Aocn carcinoma Lungs										Interval between onset and death Months			
DUE TO, OR AS A CONSEQUENCE OF: (c) COPD										Interval between onset and death Years			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Tobacco Abuse - Years										26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		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									

STATE REGISTRAR

144342

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.

DATE ISSUED:

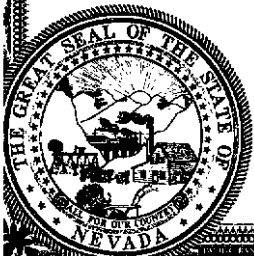
NOV 16 2006

SIGNATURE AUTHENTICATED

STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



OSR-52