

Official Record

Recording requested By
WENDY RUDDER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 235 Page- 0410

APN: 001-052-01

When recorded, mail to:
RUTH GARITY
P.O. BOX 304
PIOCHE NV, 89043



AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
)
) :SS
County of Lincoln)


I, Wendy Rudder, hereby swear under penalty or perjury, that the following assertions are true of my own personal knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
2. I am the court appointed guardian over the person and estate of Robert Garity, 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 the 1st day of August 1966, recorded as Document No. 44195 in Book N-1, Page 119, of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, described as follows:

All of lots numbered One (1), Two (2) and three (3) in Block numbered Forty-five (45) in the town of Pioche, County of Lincoln, State of Nevada, as said lots and block are described and delineated on the official plat of said town of Pioche, now on file and of record in the office of the County Recorder of said Lincoln County, reference to which said plat and the records thereof reference is hereby made for a more particular description. Together with any and all improvements and building situate thereon.
3. Robert Garity is the son of Therma Irida Garity, one of the grantees as joint tenant with right of survivorship named in said deed, and the decedent mentioned in the attached certified copy of Certificate of Death.
4. Therma Irida Garity died on May 31, 1999, in the City of Caliente, County of Lincoln, State of Nevada.



5. Robert Garity survived Therma Irida Garity, and Rober Garity currently resides at Kolob Regional Care Center in Cedar City Utah.

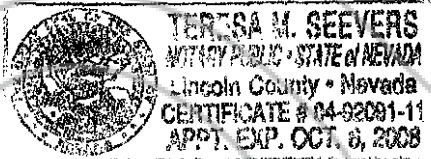

Wendy Rudder

State of Nevada
County of Lincoln

This instrument was acknowledged before me on:

9/14/07
Date

by 





DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

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

99 006673

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

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

PARENTS

POSITION

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 1. Therma Ireta GARITY		DATE OF DEATH (Month, Day, Year) 2. May 30, 1999	STATE FILE NUMBER 99 006673	COUNTY OF DEATH 3a. Lincoln
CITY, TOWN OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) 3c. Grover C. Dils Medical Center		If Hosp. or Inst. Indicate DOA, OP/Emar. Rim, Inpatient (Specify) 3e. Inpatient	SEX 4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White	Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> if yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	AGE—Last Birthday (Years) 7a. 93	UNDER 1 YEAR MOS : DAYS 7b. :	UNDER 1 DAY HOURS : MINS 7c. :	DATE OF BIRTH (Mo., Day, Yr.) 8. May 6, 1906	
STATE OF BIRTH (if not U.S.A., name country) 9a. Utah	CITIZEN OF WHAT COUNTRY 9b. U.S.A.	Decedent's Education. Specify highest grade completed. 10. 8	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed	SURVIVING SPOUSE (if wife, give maiden name) 12.		
SOCIAL SECURITY NUMBER 13.	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Housewife	914	KIND OF BUSINESS OR INDUSTRY 14b. Homemaker	961		
RESIDENCE—STATE 16a. Nevada	COUNTY 15b. Lincoln	CITY, TOWN, OR LOCATION 15c. Caliente	STREET AND NUMBER 15d. Grover Dils US93	INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes		
FATHER—NAME First Middle Last 16. Hiram Nelson Crow	MOTHER—MAIDEN NAME First Middle Last 17. Ellen Mae Banks					
INFORMANT—NAME (Type or Print) 18a. Robert Garity		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 304 Pioche, Nevada 89043				
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—NAME 19b. Pioche Cemetery		LOCATION City or Town State 19c. Pioche, Nevada			
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting in Such) 20a. <i>[Signature]</i>	FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	NAME AND ADDRESS OF FACILITY 20c. Wiscombe Funeral Home, Inc. 730 Front Street Caliente, Nevada 89008 09				
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) <i>[Signature]</i>		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) <i>[Signature]</i>				
DATE SIGNED (Mo., Day, Yr.) 21b. 6-1-99	HOUR OF DEATH 21c. 0350	DATE SIGNED (Mo., Day, Yr.) 22b.		HOUR OF DEATH 22c.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d.		PRONOUNCED DEAD (Mo., Day, Yr.) 22d. ON		PRONOUNCED DEAD (Hour) 22e. AT		
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.) 23a. Earl Plunkett MD: P.O. Box 30 Caliente, Nevada 89008					LICENSE NUMBER 23b. 4798	
REGISTRAR 24a. <i>[Signature]</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 6-1-99	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).)						
PART I (a)	Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death : Immediate
(b)	Debility Secondary to extreme Age DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death : Years
(c)	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.					Interval between onset and death
PART II	OTHER SIGNIFICANT CONDITIONS		AUTOPSY (Specify Yes or No) 26. No	WAS CASE REFERRED TO CORONER (Specify Yes or No) 27. No		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.	DATE OF INJURY (Mo., Day, Yr.) 28b.	HOUR OF INJURY 28c. M	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) 28f.	LOCATION 28g.	STREET OR R.F.D. No.	CITY OR TOWN	STATE	



STATE REGISTRAR
161753 CERTIFIED COPY OF VITAL RECORDS

No. 135878

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: AUG 23 2007

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

[Signature]
STATE REGISTRAR

