

Official Record

Recording requested By
NATHAN PHILLIPS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: AE
Book- 242 Page- 0213



APN 013-041-14

APN _____

APN _____

AFFIDAVIT OF DEATH OF JOINT TENANT MELBA BRADLEY
Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number of any person or persons. (Per NRS 239B.030)

NP I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number of a person or persons as required by law: _____
(State specific law)

Nathan Phillips
Signature _____ Title _____

NATHAN L. PHILLIPS
Signature _____

6/11/08
Date

Grantees address and mail tax statement:

NATHAN + MELISSA PHILLIPS
PO Box 525
CALIENTE, NV 89008



**AFFIDAVIT OF DEATH OF JOINT TENANT
MELBA BRADLEY**

STATE OF NEVADA

COUNTY OF LINCOLN

Comes now, Floyd Bradley, Affiant herein, being of lawful age and having been duly sworn upon his/her oath and does state:

That he was personally well acquainted with Melba Bradley, the Decedent herein, having known her for 44 years and further, that Affiant owned certain real property with the Decedent as Joint Tenants With Rights of Survivorship, said property being described further as:

**Highland Knolls
Lot 16
Caliente, Nevada 89008**

Assessor's Parcel No. 013-041-14

Affiant states further that he obtained his interest in the above described property by Quitclaim Deed from Kenneth M. Price and Jane Price to Floyd Bradley and Melba Bradley, husband), said instrument being dated 13 November, 1998 and recorded on July 19, 1999 in Book 142, at Page 588 of the land records located in the Office of the Clerk of Lincoln County, State of Nevada.

Affiant states further that the Decedent departed this life at LAS VEGAS (Location of death), in CLARK County, State of NEVADA, on or about JUNE 9, 2006 being 60 years of age at the date of death.

These statements are true and correct and are based upon the personal knowledge of Affiant.



Further, Affiant sayeth not.

Sworn to and executed this, the 29 day of MAY, 20 08,

Floyd C Bradley
Signature of Affiant

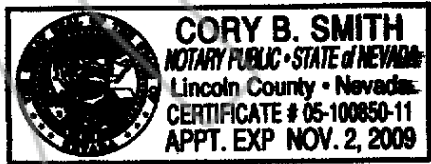
FLOYD C BRADLEY
Printed Name of Affiant

po. 294
CLEVELAND NEV
Address of Affiant

SWORN TO AND SUBSCRIBED BEFORE ME this the 29 day of May,
20 08.

Cory B. Smith
NOTARY PUBLIC

My Commission Expires:
Nov. 2, 2009





0131714

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06/11/2008
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STATE OF NEVADA
DIVISION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2006011477

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 Melba			1b. MIDDLE Jean			1c. LAST BRADLEY			2. DATE OF DEATH (Mo/Day/Year) June 09, 2008			3a. COUNTY OF DEATH Clark																																			
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) St Rose Dominican Hospital Siena Campus						3e. If Hosp. or Inst. indicates DOA, OP/Emr. Km. Inpatient (Specify)			3d. 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. Non-hispanic			7a. AGE-Last birthday (Years) 60			7b. UNDER 1 YEAR MOS DAYS HOURS MINS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) July 26, 1945																																
9a. STATE OF BIRTH (If not U.S.A., name country) Nevada			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 12			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Floyd C BRADLEY																																			
13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Certified Nursing Assistant						14b. KIND OF BUSINESS OR INDUSTRY Medical																																						
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Caliente			15d. STREET AND NUMBER 861 Lincoln St.			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes																																			
16. FATHER - NAME (First Middle Last Suffix) Charles William Smith						17. MOTHER - NAME (First Middle Last Suffix) Ruth MATHIAS																																									
18a. INFORMANT - NAME (Type or Print) Floyd C BRADLEY						18b. RELATIONSHIP TO DECEASED [REDACTED]						18c. HOME ADDRESS - Street or R.F.D. No. City or Town, State, Zip 4861 Lincoln Street Caliente, Nevada 89008																																			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation						19b. PLACE OF BURIAL OR CREMATORY Desert Crematory						19c. LOCATION City or Town State Las Vegas Nevada 89101																																			
20a. FUNERAL DIRECTOR - SIGNATURE (Type or Print) CHRIS WALTERS						20b. FUNERAL DIRECTOR LICENSE 64						20c. NAME AND ADDRESS FOR FACILITY Desert Memorial Cremation and Burial 7111 Las Vegas Blvd N Las Vegas NV 89101																																			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [REDACTED] SIGNATURE AUTHENTICATED SYED FAIZ RAHMAN 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) [REDACTED]																																			
21b. DATE SIGNED (Mo/Day/Yr) June 20, 2008						21c. HOUR OF DEATH 08:00						22b. DATE SIGNED (Mo/Day/Yr) June 20, 2008						22c. HOUR OF DEATH																													
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) [REDACTED]												22d. PRONOUNCED DEAD (Mo/Day/Yr) [REDACTED]												22e. PRONOUNCED DEAD AT (Hour) [REDACTED]																							
23a. NAME AND ADDRESS OF CENTER (PHYSICIAN, A READING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Syed Faiz Rahman M.D., 2845 E. Lake Mead Blvd, North Las Vegas, NV 89030												23b. LICENSE NUMBER 10030																																			
24a. REGISTRAR (Signature) [REDACTED] SIGNATURE AUTHENTICATED												24b. DATE WHEN REGISTERED June 21, 2008												24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																							
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE OR TIME FOR (a), (b), or (c).) PART I (a) Cardiorespiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (c) Pneumonia												Interval between onset and death												Interval between onset and death												Interval between onset and death											
PART II OTHER SIGNIFICANT CONDITIONS Contributing to or resulting in the underlying cause given in Part I.												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

215234

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.

JUN 03 2008

DATE ISSUED:

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

PRNCO (Rev) 2/06

[Signature] STATE REGISTRAR

