

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT

NAME Lois W. Obermiller

STREET ADDRESS 525 Sorrell

CITY, STATE & ZIP CODE Corpus Christi, TX 78404

DOC # 0132364

08/04/2008

09:10 AM

Official Record

Recording requested By
LOUIS W. OBERMILLER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$40.00

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RPTT:

Recorded By: DP

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0399



0132364

TITLE ORDER NO.

ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

APN:

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF Nevada

COUNTY OF Lincoln

Lois W. Obermiller, of legal age, being first duly sworn, deposes and says:

That Kenneth R. Olinghouse, the decedent mentioned in the attached certified copy of

Certificate of Death, is the same person as Kenneth R. Olinghouse named as one of the

parties in that certain Deed dated 07-23-1979 executed by

Kenneth R. Olinghouse to

Kenneth R. Olinghouse and Lois W. Obermiller as joint

tenants, recorded as Instrument No. 64703, on 07-23-1979 of the Official Records in the Office

of the County Recorder of Lincoln County, State of Nevada, concerning

the following described real property situated in the City of Pioche, County of

Lincoln, State of Nevada: (Insert legal description)

Lots Two(2), Three (3) and Four(4), Block Thirty Eight(38) Excepting Therefrom
The Rear or Northerly Eighteen Feet of Lot Four(4).

That the value of all real and personal property owned by the decedent at the date of death, including the full value of
the above described real property, did not then exceed the sum of \$ 2,000,000.

Dated this 28th day of July, 2008

Lois W. Obermiller
(Signature of affiant)

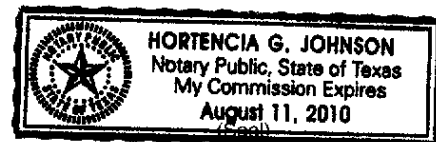
State of Texas
County of Nueces

Lois W. Obermiller
(Type or print full name of affiant)

Subscribed and sworn to (or affirmed) before me on this 28th day of July, 2008

by, Lois W. Obermiller, proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

Hortencia G. Johnson
(Signature)



* There are various types of deed forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.

MAIL TAX STATEMENT TO: _____



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OFFICE OF UTAH DEPARTMENT OF VITAL RECORDS

CERTIFICATE OF DEATH

State File Number: 2007012947

Kenneth Ralph Olinghouse

DECEDENT INFORMATION

Date of Death:	November 22, 2007	Time of Death:	04:45
City of Death:	Orem	County of Death:	Utah
Age:	84	Date of Birth:	August 2, 1923
Place of Birth:	Pioche, Nevada	Sex:	Male
Armed Services:	Yes	Marital Status:	Married
Spouse's Name:	Josephine Marisquirena	Usual Occupation:	Mechanical Engineer
Industry/Business:	Steel Manufacturing	Education:	Bachelor's Degree
Residence:	Orem, Utah	Father's Name:	Ralph Henry Olinghouse
Mother's Name:	Alice Cederstrom	Facility Type:	Hospital Inpatient
Facility or Address:	Timpanogos Regional Hospital		

INFORMANT INFORMATION

Name:	Josephine M Olinghouse	Relationship:	Wife
Mailing Address:	990 West 600 South, Orem, Utah 84058		

DISPOSITION INFORMATION

Method of Disposition:	Burial	Date of Disposition:	November 24, 2007
Place of Disposition:	Salem City Cemetery, Salem, Utah		

FUNERAL HOME INFORMATION

Funeral Home:	Walker Sanderson Funeral Home
Address:	646 East 800 North, Orem, Utah 84057
Funeral Director:	Thomas E Sanderson

MEDICAL CERTIFICATION

Certifying Physician:	Kent Marshall MD, 702 East 800 North, Orem, Utah
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CAUSE OF DEATH

Pneumonia [Onset: 24 Hours]
 Multiple Organ System Failure [Onset: 1 Week]
 Hypertension [Onset: 1 Week]
 Right Femur Fracture due to Fall, Diabetes Mellitus
 Tobacco Use: Non-user
 Medical Examiner Contacted: No Autopsy Performed: No Manner of Death: Natural



Date Issued: July 16, 2008

AMENDMENT HISTORY

- 12/04/2007 Underlying Cause of Death from Right Femur Fracture due to fall to (blank)
- 12/04/2007 Conditions Contributing to Dea from Diabetes Mellitis to Right Femur Fracture due to Fall, Diabetes Mellitus

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Barry E Nangle
 Barry E. Nangle, State Registrar
 Office of Vital Statistics



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Joseph K Miner, MD
 Joseph K. Miner, MD, MSPH
 Director/Health Officer
 County/District Health Department

