

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$19.00 Page 1 of 6
RPTT: Recorded By: AE
Book- 245 Page- 0638

A.P.N. 13-050-30 & 13-180-01

R.P.T.T. \$0.00

Escrow No.

Recording Requested By:

SHIRLEE HANSEN

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Shirlee Hansen

P.O. Box 1066

Caliente, NV 89008



0132927

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.5.

Shirlee Hansen
Signature

Title Company
Title



A.P.N. 13-150-30 & 13-080-01
R.P.T.T. \$0.00
Escrow No.
Recording Requested By:
SHIRLEE HANSEN
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Shirlee Hansen
P.O. Box 1066
Caliente, NV 89008

AFFIDAVIT DEATH OF JOINT TENANT

SHIRLEE HANSEN, of legal age, being first duly sworn, deposes and says: That WILLIAM OESTERLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BILL OESTERLE named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 23, 1992 executed by U.N.L.V. FOUNDATION to BILL OESTERLE and SHIRLEE HANSEN as joint tenants, recorded as Instrument No. 098390, on May 4, 1992 in Book 101, Page 131 of Official Records of, Nevada, covering the following described property situated in County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: October 21, 2008


SHIRLEE HANSEN

State of Nevada
County of: Lincoln

 **ELISHA BAKER**
Notary Public State of Nevada
No. 04-92808-11
My appt. exp. Nov. 9, 2008

This instrument was acknowledged before me on 11-3-08
By SHIRLEE HANSEN ~~***~~

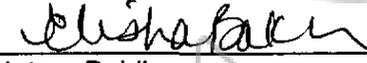
Signature: 
Notary Public



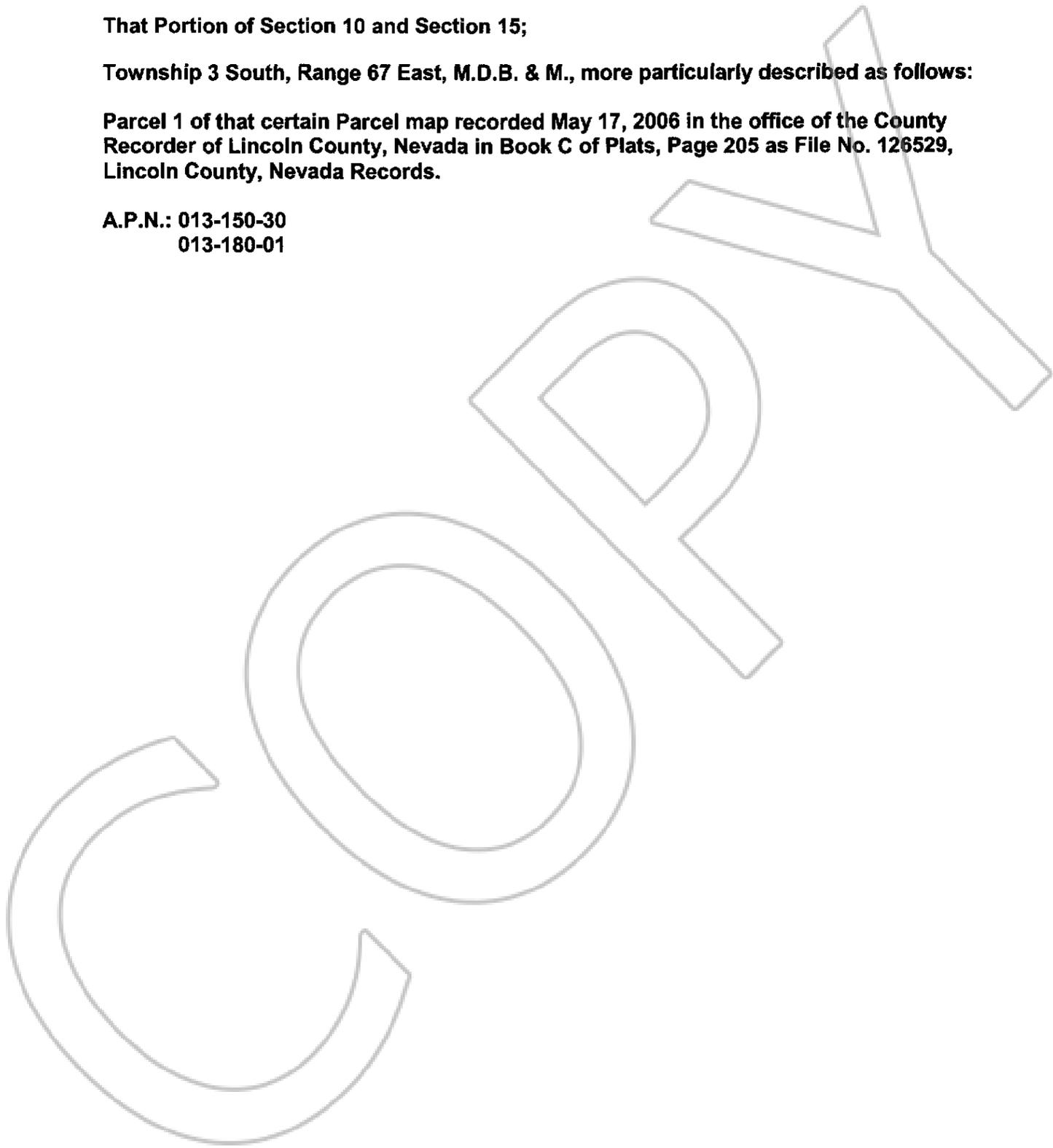
Exhibit A

That Portion of Section 10 and Section 15;

Township 3 South, Range 67 East, M.D.B. & M., more particularly described as follows:

Parcel 1 of that certain Parcel map recorded May 17, 2006 in the office of the County Recorder of Lincoln County, Nevada in Book C of Plats, Page 205 as File No. 126529, Lincoln County, Nevada Records.

**A.P.N.: 013-150-30
013-180-01**





A.P.N. 03-076-04
R.P.T.T. \$0.00
Escrow No.
Recording Requested By:
Shirlee Hansen
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Shirlee Hansen
P.O. Box 1066
Caliente, NV 89008

AFFIDAVIT DEATH OF JOINT TENANT

SHIRLEE HANSEN, of legal age, being first duly sworn, deposes and says: That WILLIAM OESTERLE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as BILL OESTERLE named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 7, 2003 executed by MARVIN J. RICHARDSON and RUTH A. RICHARDSON to BILL OESTERLE and SHIRLEE HANSEN as joint tenants, recorded as Instrument No. 120788, on August 27, 2003 in Book 117, Page 105 of Official Records of, Nevada, covering the following described property situated in County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: October 20, 2008


SHIRLEE HANSEN

State of Nevada }
County of: Lincoln }

 **ELISHA BAKER**
Notary Public State of Nevada
No. 04-92808-11
Compt. exp. Nov. 9, 2008

This instrument was acknowledged before me on 11-3-08
By SHIRLEE HANSEN * * *

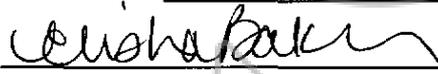
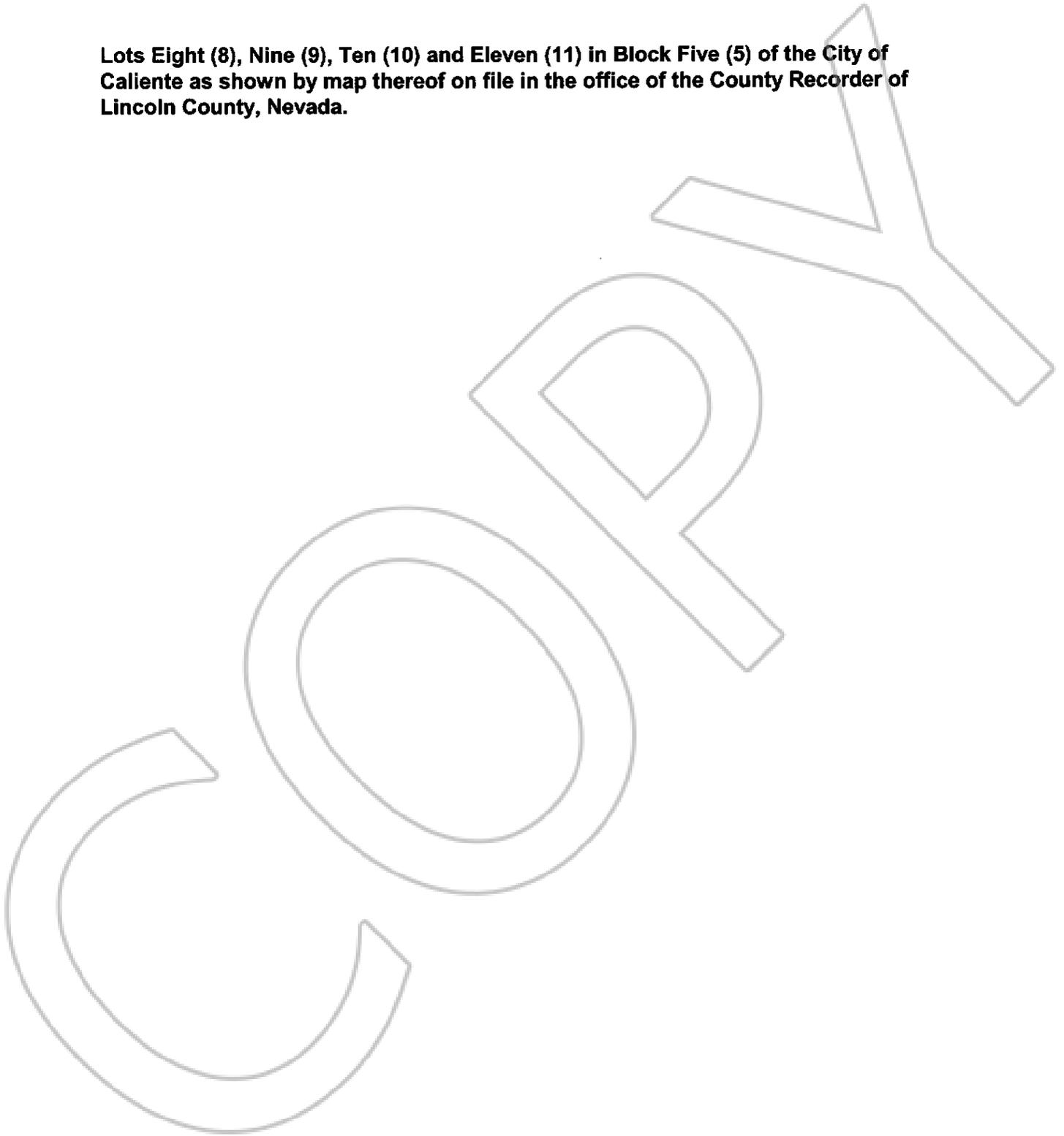
Signature: 
Notary Public



Exhibit A

Lots Eight (8), Nine (9), Ten (10) and Eleven (11) in Block Five (5) of the City of Caliente as shown by map thereof on file in the office of the County Recorder of Lincoln County, Nevada.





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

2008010561
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,MIDDLE,LAST,SUFFIX) Willam OESTERLE		2. DATE OF DEATH (Mo/Day/Year) June 26, 2008		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) 40 Main		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 084	
9a. STATE OF BIRTH (If not U.S.A., name country) Pennsylvania		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) Shirlee HANSEN		13. SOCIAL SECURITY NUMBER	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Construction		15. Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 40 Main		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) OESTERLE	
17. MOTHER - NAME (First Middle Last Suffix) PATTERSON		18a. INFORMANT- NAME (Type or Print) Shirlee HANSEN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 40 Main, PO Box 1066 Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) J ROGERS MD		21b. DATE SIGNED (Mo/Day/Yr) June 26, 2008		21c. HOUR OF DEATH 04:00	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Katschke, Richard William Jr.		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. HOUR OF DEATH		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) J ROGERS MD Caliente, NV		23b. LICENSE NUMBER 12629		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 15, 2008		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).) Aspiration Pneumonia	
25. IMMEDIATE CAUSE (a) Aspiration Pneumonia		Interval between onset and death Days		25. IMMEDIATE CAUSE (b) Multiple strokes	
25. IMMEDIATE CAUSE (c) Hypertension		Interval between onset and death Years		25. IMMEDIATE CAUSE (d) Chronic Obstructive Pulmonary Disease	
25. IMMEDIATE CAUSE (d) Chronic Obstructive Pulmonary Disease		Interval between onset and death Years		26. AUTOPSY (Specify Yes or No) No	
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

221723 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:

07/15/2008

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

PNCO (Rev) 1106

R. D. White
SIGNATURE AUTHENTICATED

