APN: 002-053-10

When recorded mail to: ROWA A. LEE P.O. Box 595 Panaca, NV 89042 DOC # 0132988

Official
Recording requested By
ROWA A. LEE

DNA A. LEE Lincoln County - NV oslie Roucher - Recorder

Record

Leslie Boucher - Recorder
Fee: \$16.00 Page 1 of 3
Recorded By. LB

Book- 246 Page- 0141



## AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada	)
	)ss
County of Lincoln	)

Rowa A. Lee hereby swears under penalty of perjury, that the following assertions are true of her 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 Rowa A. Lee, the same person named as Rowa A. Lee, one of the grantees as joint tenants with right of survivorship named in that certain Deed recorded as Document number 86300 in Book 73 Pages 686-688 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.
- 3. The real property, which is the subject of the above-entitle Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

That portion of Lot numbered One (1) in Block numbered Eighteen (18) described as follows:

Beginning at the Northwest corner of said Lot 1 and running thence S. 89°14'57"E., along the northerly line of said lot 4 a distance of 132 feet; thence S. 0°45'03"W., a distance of 132 feet to the West line of Lot One; thence North 0°45'03" East along the West line of said lot One a distance of 132 feet to the place of beginning, being the Northwest quarter of Lot One in Block Eighteen.

4. James I. Lee, also one of the grantees named in said Deed, died on August 12, 2008, in Panaca, Lincoln County, Nevada. I am James I. Lee's wife.

ROWA A. LEE

SUBSCRIBED and SWORN to before me This 19th day of December, 2008.

NOTARY PUBLIC

M. HOWARD

MOTION PUBLIC-STATE of MEMORA

Lincoln County - Nevada

CERTIFICATE # 08-5568-11

APPT. EXP. December 10, 2011

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**DIVISION OF HEALTH VITAL STATISTICS** 

TYPE OR			CE	EKTIFICA	AIEO	F DEA	IH		}		0000120		1	
2 · · · · · · · · · · · · · · · · · · ·	1a. DECEASED-NAME (FIRST	MIDDLETAS	T SLIFFIX)					DATEO	DEATH (M		TE FILE NUMB		ATH	
PRINTIN	James Irvin						gust 12,	1	,   Sa. 000	3a. COUNTY OF DEATH Lincoin				
F BLACK INK		ITUTION -N	ame(if not ei					st, indicate DOA, OP/Emer. Rm. 4, SEX						
DECEDENT	Panaca	3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give and number)  205 North 2nd Street					Inpatient(Specify)			_\	1	Male		
	5. RACE White (Specify)		6. Hispanic Origin? Specify 7a. AGE-Last No - Non-Hispanic birthday (Years)			ars)	MOS   DAYS HOURS   MIN			AINS	is [ ]			
		•	84				1 1			August 12, 1924				
OCCURRED IN INSTITUTION	name country) Nevada		CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NE United States 16				ED (Specif	cify) Married			12/SURVIVING SPOUSE (if wife, give maiden name) Rowa ALLEN			
SEE HANDBOOK REGARDING			a. USUAL OCCUPATION (Give Kind of Work Done During Most of order Life, Even If Retired)				Most of						US Armed	
COMPLETION OF RESIDENCE	15a, RESIDENCE - STATE	15b. COUNT		15c. CITY, TO	rk Count		[15d_ST	REET AN	NUMBER	griculture	-		SIDE CITY	
ITEMS	Nevada	[	ncoln	100.0,11,10	Panaca	2,111011	1	North 2n		Total Control of the local Con		LIMITS or No)	(Specify Yes Yes	
DADONTO	16. FATHER - NAME (First Mir			<u> </u>	Landou	17. MO	-		st Middle L			7		
PARENTS			Irvin LEE					1		Otilla G	UBLER			
	18a. INFORMANT- NAME (Type Rowa	ar Print) Alien LEE	1	18b. MAI	LING ADDR	ESS (Str	77000		or Town, S anaca, N		9042	May .	The same of the sa	
	19a, BURIAL, CREMATION, RE		ER (Specify) 19b.	CEMETERY OF	R CREMATO	RY - NAME		1		19c. LOCAT		Town S	tate	
DISPOSITION	Buria	al			Pana	aca Ceme	etery	1			Panaca	Nevada		
	20a. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20b. FUNERAL DIRECTOR LICENSE  20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary													
	SIGNA	TURE AUTH	ENTICATED		807	1		/	730 Front	Street Ca	aliente NV	89008		
TRADE CALL	TRADE CALL - NAME AND ADI	ORESS				1	1	/	/					
	21a. To the best of my ki			ime, date and p	iace and						igation, in my o			
	면 강 due to the cause(s) state	SE TIM UMINA								and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATE!				
CERTIFIER	S \( \frac{1}{2} \)						SIGNED (Mo/Day/Yr) 220 August 12, 2008			22c. HOUR OI	DOUR OF DEATH			
	21d. NAME OF ATTEND	ING PHYSICI	AN IF OTHER THA	N CERTIFIER	The second second	- 98 o		-	DEAD (Mo/C	ay/Yr)	22e. PRONOL	INCED DEA	D AT (Hour)	
€. (		/		The state of the s				lugust 1				07:10		
	23a. NAME AND ADDRESS OF		PHYSICIAN, ATTE Froner Tim Un		E SR 32	2 Pioche,	NV 890	043	N	int)	236, LICE	P033	:R	
REGISTRAR	24a. REGISTRAR (Signature)	7	TODD BOY			24b. DATE R Mo/Day/Yr)				24c. DEA	TH DUE TO CO		_	
CA110= 0=	25. IMMEDIATE CAUSE		TURE AUTHEN		1	- N	Aug	ust 18, 2	2008		YES	NO >	set and death	
CAUSE OF DEATH	PART I (a) Cardiorn		NET ONE CAUSE I	PER LINE FOR	(a), (b), Alv	D (C).)					1	DOIMOG[] CI	iset and doot!	
	DUE TO, OR					<del>                                     </del>			/		Interval	between or	nset and death	
CONDITIONS IF	(6)	3. 3. 3.	Mellitus (Un	controlled	<del>)</del>						 			
GAVE RISE TO		AS A CONSEC	LUENCE OF:	-		7		,			ínterva	between or	nset and death	
CAUSE -> STATING THE	(c) DUE TO, OR A	AS A CONSEC	UENCE OF:			<del>/                                    </del>				* .	Interva	between or	nset and death	
UNDERLYING CAUSE LAST	(d)	1									 		/	
/ /	Hyperlipidem	ia, Hyper	thyroidism				-:\	<del></del>			OUTOPSY dify Yes or No) No	27. WAS O TO CORO or No)	ASE REFERRED NER (Specify Year Yes	
	28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b, DATE O	F INJURY (Mo/Day/Yr)	28c. HO	UR OF INJUR	Y 284. D€	SCRIBE HO	W INJURY	OCCURRED					
Married of the state of the sta	28e. INJURY AT WORK (Special	y 28f. PLACE	OF INJURY- At ho	ome, farm, stree	it, factory, of	fice 28g. L	OCATION	STI	REET OR R	.F.D. No.	CITY OR TO	WN	STATE	

STATE REGISTRAR



225829

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:

This copy is not valid ur 188/25/2008 engraved border displaying date, seal and signature of Registrar.



