

AFFIDAVIT-DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)



Keith M. Belingheri, first being duly sworn, deposes and says:

1. That he is a surviving son of Ruth Belingheri, who died on February 21, 2009, at Henderson, Nevada.
2. That at the time of death of decedent, affiant and decedent, owned property in Joint Tenancy with right of survivorship, recorded as Instrument No. 104431, on January 2, 1996, in book 116, page 482, of Official Records of Lincoln County, Nevada, the real property situate in the town of Pioche, County of Lincoln, State of Nevada and described as follows:

All of lots numbered 6, 7, 8, 9, and 10 in Block 14 as shown on the Pioche Mines Consolidated Supplement Addition, Supplement B to the town of Pioche, Nevada which said plat is of record in the office of the County recorder of the said Lincoln County, Nevada, and to which plat and the records thereof reference is here by made for further particular description.

Together with any and all building and improvements situate thereon and the contents therein.

3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as his sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

Dated: June 5, 2009

Keith M. Belingheri
Affiant

STATE OF NEVADA)
) SS.
COUNTY OF HUMBOLDT)

On this 5th day of June A. D. 2009 before me, a Notary Public in and for said county and state, personally appeared Keith M. Belingheri, known to me to be the person who executed the foregoing instrument, who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

Notary Public





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS

Exhibit "A"

CERTIFICATE OF DEATH

2009002749
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ruth L BELINGHERI		2. DATE OF DEATH (Mo/Day/Year) February 21, 2009		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 De Lima Campus		3e. if Hosp. or Inst. indicate DOA, OP/Emer. Rm. (Inpatient/Specify) Emergency Room / Outpatient	

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

5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 86	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
7e. UNDER 1 DAY MIN		8. DATE OF BIRTH (Mo/Day/Yr) March 20, 1922			
9a. STATE OF BIRTH (if not U.S.A. name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		12. SURVIVING SPOUSE (If wife, give maiden name)			

PARENTS

13. SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Homemaker		
14b. KIND OF BUSINESS OR INDUSTRY Own Home			12. SURVIVING SPOUSE (If wife, give maiden name)		

DISPOSITION

15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 3 Comstock Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Marcellus Edward BRACKEN			17. MOTHER - NAME (First Middle Last Suffix) Ellen M BOWLER		
18a. INFORMANT - NAME (Type or Print) Keith BELINGHERI			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1997 Pearce Winnemucca, Nevada 89445		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Pioche Cemetery		19c. LOCATION City or Town State Pioche Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JAMES LEE SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 69		20c. NAME AND ADDRESS OF FACILITY Hites Funeral Home 438 W Sunset Road Henderson NV 89011	

TRADE CALL

TRADE CALL - NAME AND ADDRESS

CERTIFIER

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED SHAWN H. WIJESINGHE MD		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)	
21b. DATE SIGNED (Mo/Day/Yr) February 27, 2009		21c. HOUR OF DEATH 13:55	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)	
		22c. HOUR OF DEATH	
		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
		22e. PRONOUNCED DEAD AT (Hour)	

REGISTRAR

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) SHAWN H. WIJESINGHE MD 102 E. Lake Mead Drive Henderson, NV 89015		23b. LICENSE NUMBER 9446	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 27, 2009	

CAUSE OF DEATH

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
PART I					
(a) Cardiopulmonary arrest		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(b)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(c)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d)		Interval between onset and death			
PART II					
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	

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

STATE REGISTRAR

Information Corrected, State Affidavit# 51235, 05/05/2009 - 13 18b

271915 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: **MAY 12 2009**

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

Rd White
STATE REGISTRAR

