

Official Record

Recording requested By
AMY SONNENBERG

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 249 Page- 0200

APN 003-185-03

Recording Requested By:

Name Amy Sonnenberg

Address HC 34 Box 199

City / State / Zip Caliente, NV 89008



Affidavit of Death of Joint Tenant
(Print Title Of Document On The Line Above)



I the undersigned hereby affirm that this document submitted for recording contain personal information (social security number, driver's license number or identification card number) of a person as required by a specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is:

NRS 40.525 (5) & 111.365
(Insert the NRS, public program or grant referenced in the line above)

Amelia Sonnenberg daughter
Signature Title

Amelia (Amy) Sonnenberg
Print Name

This page is added to provide additional information required by NRS 111.312 Sections 1-2. This cover page must be typed or printed. Additional recording fee applies.



3. The real property, which is the subject of the Deed recorded as Document number 101757 In the official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, listed two Joint Tenants, Betty M. Rollins and Amelia Wilkin Sonnenberg, mother and daughter as joint tenants with right of survivorship.

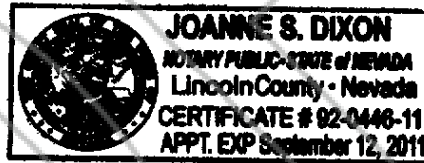
4. Betty M. Rollins, one of the grantees named in said Deed, died on March 21, 2009, in Caliente, Lincoln County, Nevada.

5. I Amelia Wilkin Sonnenberg am Betty M. Rollin's daughter

Amelia Wilkin Sonnenberg
Amelia Wilkin Sonnenberg

SUBSCRIBED and SWORN to before me
this 30 day of May, 2009.

Joanne Dixon
NOTARY PUBLIC





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

2009005741
 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) Betty Margaret ROLLINS		2. DATE OF DEATH (Mo/Day/Year) March 21, 2009		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) Grover C Dils Medical Center		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1936		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Laundry Supervisor		14b. KIND OF BUSINESS OR INDUSTRY Nevada State	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 185 N Spring Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Frank Fritz DUFER			17. MOTHER - NAME (First Middle Last Suffix) Margaret GABOR		
18a. INFORMANT - NAME (Type or Print) Amy SONNENBERG			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) HC 34 Box 199 Caliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Caliente Cemetery		19c. LOCATION City or Town State Caliente Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD WILLIAM KATSCHKE JR. M.D. SIGNATURE AUTHENTICATED			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) March 23, 2009		21c. HOUR OF DEATH 17:53		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Richard William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 24, 2009		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).) PART I (a) Sudden Cardiac Death DUE TO, OR AS A CONSEQUENCE OF: (b) Alcohol Withdrawal DUE TO, OR AS A CONSEQUENCE OF: (c) Alcoholism DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II				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

268666 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:

04/24/2009

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

PNBCO (Rev) 11/06

Rod White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

