

Official Record

Recording requested By
DYLAN FREHNER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

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RPTT:

Recorded By: AE

Book- 249 Page- 0699



APN 01-101-09 / 01-102-15

Recording Requested By:

Name JOHN J. Utz

Address P.O. Box 131

City / State / Zip PiOCHe, NV 89043-0131

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)

Dylan Frehner
Signature

Attorney
Title

Dylan Frehner
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.



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APN: 01-101-09/01-102-15

When recorded mail to:
Dylan V. Frehner, Esq.
P.O. Box 517
Pioche, NV 89043

Requestor's Address
John J. Utz
P.O. Box 131
Pioche, NV 89043-0131

Joint Tenants Address
John J. Utz
P.O. Box 131
Pioche, NV 89043-0131

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

John J. Utz hereby swears under penalty of perjury, that the following assertions are true of his 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. The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 116306 in the Official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, and is more specifically described as follows:

Lots 53, 54, 55, 56, 57, 58, & 59 in Block 20 and Lot 15 in Block 18 in the Town of Pioche, Lincoln County, Nevada as said lot and block are platted and described on the official Plat of said Town of Pioche, now on file and of record in the Office of the County Recorder of said Lincoln County, Nevada and to which plat and the records thereof reference is hereby made for further particular description.

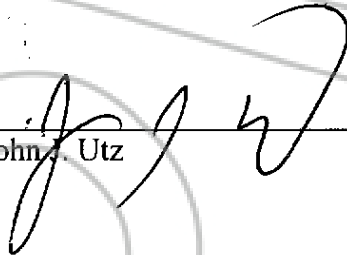
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3. The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 116306 in the official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, listed two Joint Tenants, John J. Utz and Leticia G. Utz, Husband and Wife, P.O. Box 131, Pioche, Nevada, 89043.

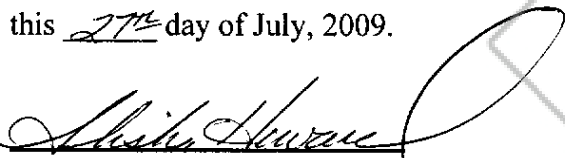
4. Leticia G. Utz, one of the grantees named in said Deed, died on January 6, 2007, in the town of Pioche, County of Lincoln, State of Nevada. The original Certificate of Death is attached hereto.

5. I John J. Utz am Leticia G. Utz husband.

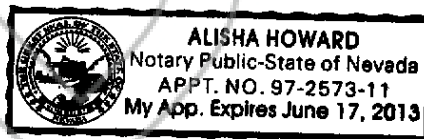


John J. Utz

SUBSCRIBED and SWORN to before me
this 27th day of July, 2009.



NOTARY PUBLIC



DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS
 CERTIFICATE OF DEATH

2007000200
 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 Leticia			1b. MIDDLE G			1c. LAST UTZ			2. DATE OF DEATH (Mo/Day/Year) January 06, 2007			3a. COUNTY OF DEATH Lincoln					
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) NBR-1 Cornwall						3e. If Hosp. or Inst. Indicate DOA, OP/Emer. Rm. (inpatient)(Specify)			4. SEX Female		
5. RACE-(e.g. White, Black, American Indian) (Specify) Filipino			6. Was Decedent of Hispanic Origin? If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 55			7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) August 05, 1951				
9a. STATE OF BIRTH (If not U.S.A., name country) Philippines			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 06			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) John UTZ					
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					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Pioche			15d. STREET AND NUMBER NBR-1 Cornwall			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Hilario SEMBRANO						17. MOTHER - NAME (First Middle Last Suffix) Marina GONZALES											
18a. INFORMANT- NAME (Type or Print) John UTZ						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) NBR-1 Cornwall, P.O. Box 131 Pioche, Nevada 89043											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			19b. CEMETERY OR CREMATORY - NAME Masonic/oddfellows Cemetery			19c. LOCATION City or Town State Pioche 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) SIGNATURE AUTHENTICATED RICHARD WILLIAM KATSCHKE JR. M.D.						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) January 09, 2007			21c. HOUR OF DEATH 08:45			22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) January 09, 2007			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) Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Lung Cancer DUE TO, OR AS A CONSEQUENCE OF: (c)									Interval between onset and death Days								
									Interval between onset and death Months								
									Interval between onset and death								
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I						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

155030 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: 01/25/2007

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

SIGNATURE AUTHENTICATED
 STATE REGISTRAR

