



APN 001-111-16

RECORDING REQUESTED BY:  
MILDRED G. FREDELL  
P.O. Box 481  
Pioche, Nevada 89043  
MAIL TAX STATEMENTS TO:  
MILDRED G. FREDELL  
P.O. Box 481  
Pioche, Nevada 89043

**AFFIDAVIT IN RE ALBERT H. FREDELL, DECEASED**  
**TERMINATION OF JOINT TENANCY (NRS 111.365)**

STATE OF NEVADA )  
 ) SS  
COUNTY OF LINCOLN )

MILDRED G. FREDELL, being first duly sworn, deposes and says:

That affiant is the wife of ALBERT H. FREDELL, Deceased. That Decedent died on the 14th day of July, 2009, in Caliente, Lincoln County, State of Nevada. That a certified copy of the Death Certificate is attached hereto as Exhibit "A".

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein ALBERT H. FREDELL and MILDRED G. FREDELL, husband and wife, as joint tenants, were the Grantees. That under the laws of the State of Nevada, upon the death of ALBERT H. FREDELL, the title and ownership of said real property became vested in MILDRED G. FREDELL as the surviving joint tenant. That said real property was acquired by a Deed dated the 17th day of May, 2005, wherein ALBERT H. FREDELL was the Grantor, and ALBERT H. FREDELL and MILDRED G. FREDELL, husband and wife, as joint tenants, were the Grantees.



That said Deed was recorded in Book 74, Page 314 ,  
Lincoln County Records.

That the real property conveyed therein, in joint  
tenancy, is more particularly described as follows, to-wit:

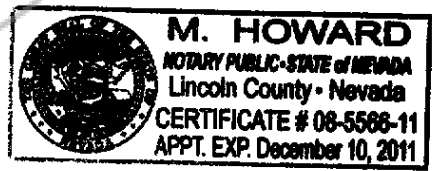
All of Lots Nine (9), Ten (10) Twelve (12)  
Thirteen (13), Fourteen (14) and Fifteen  
(15) in Block Twenty-nine (29), in the Town  
of Pioche, as said map and plat are on file  
in the Office of the County Recorder of  
Lincoln County, Nevada.

That by reason of the foregoing, affiant hereby  
declares that the title and interest of ALBERT H. FREDELL,  
Deceased, in the above-described real property has vested in  
MILDRED G. FREDELL, in fee simple, and that MILDRED G. FREDELL is  
the sole and absolute owner thereof, together with the tenements,  
hereditaments, and appurtenances, thereunto belonging or  
appertaining, and the reversion and reversions, remainder and  
remainders, rents, issues and profits thereof.

Mildred G. Fredell  
MILDRED G. FREDELL

Subscribed and sworn to before me by Mildred G. Fredell  
this 1st day of September, 2009.

M Howard  
NOTARY PUBLIC





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS

CERTIFICATE OF DEATH

2009010607  
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) <b>Albert Harold FREDELL</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 14, 2009</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>89</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>   <b>HOURS</b>   <b>MINS</b>		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 01, 1920</b>	
9a. STATE OF BIRTH (if not U.S.A., name country) <b>New York</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>10</b>	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Mildred G LABOUNTY</b>		13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Chauffer</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Private Estate</b>		Ever in US Armed Forces?	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
15d. STREET AND NUMBER <b>827 Newton</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>Albert Christopher FREDELL</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Sarah SEARS</b>		
18a. INFORMANT- NAME (Type or Print) <b>Mildred G FREDELL</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO BOX 481 Pioche, Nevada 89043</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Crementation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
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) <b>SIGNATURE AUTHENTICATED</b> <b>RICHARD WILLIAM KATSCHKE JR. M.D.</b>			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) <b>July 15, 2009</b>		21c. HOUR OF DEATH <b>17:00</b>		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) <b>Richard William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008</b>			
23b. LICENSE NUMBER <b>10509</b>					
24a. REGISTRAR (Signature) <b>TODD BOYER</b> <b>SIGNATURE AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 16, 2009</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) <b>Cardiac Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Congestive Heart Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Renal Failure</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No) <b>No</b>	
26. <b>Pancytopenia</b>				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

VRS-Rev-20090902

283585 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 u

*my phone no. 962 5818 m. frede*

TE REGISTRAR

