APN: 02-043-02

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

Requestor's Address Emily Brookie Condie Swallow P.O. Box 905 Panaca, Nevada 89042

Joint Tenants Address Emily Brookie Condie Swallow P.O. Box 905 Panaca, Nevada 89042 DOC # 0135755

03/29/2010

01 39 PM

Official Record

Recording requested By EMILY BROOKIE CONDIE SWALLOW

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3 Recorded By: DP

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AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Emily Brookie Condie Swallow 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. The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 111252 in the Official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, and is legally known as Assessor's parcel #02-043-02, and more specifically described as follows:

Commencing at the Northwest Corner of Lot numbered 2 in Block Numbered 19, as said Lot and block are delineated on the official Plat of said Town of Panaca now on file in the office of the County Recorder of said County of Lincoln, and running thence East 66 feet, thence South 132 feet, thence West 66 feet, thence North 132 feet to the place of beginning; together with any and all improvements thereon.

3. The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 111252 In the official Records in the Office of the Lincoln County

Recorder of Lincoln County, Nevada, listed two Joint Tenants, Grover Swallow and Emily Brookie Condie Swallow, Husband and Wife, 892 Blad Street, Panaca, Nevada, 89042.

- 4. Grover Swallow, one of the grantees named in said Deed, died on April 22nd, 2009, in the Town of Panaca, Lincoln County, Nevada.
- 5. I Emily Brookie Condie Swallow I am the Widow of Grover Swallow.

Emily Brookes Confie Swallow.

SUBSCRIBED and SWORN to before me

this 392 day of Macou

___2010.

ALISHA HOWARD
Notary Public-State of Nevada
APPT. NO. 97-2573-11
My App. Expires June 17, 2013

NOTARY PUBLIC

F NEVADA OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS

20000006236

7.68	CENTIFICATE OF DEATH					STATE FILE NUMBER		
TYPE OR	1a. DECEASED-NAME (FIRST, MIDDLE	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH						
PERMANENT	Grover SWALLOW				1	April 22, 2009 Lincoln		
BLACK INK DECEDENT	3b. CITY, TOWN, OR LOCATION OF D Panaca	EATH 3c. HOSPITAL OR OT and number)	HER INSTITUTION -Na 892 Blad Stree		e street 3e.tf Hosp Inpatient(or Inst. indicate DO Specify)	A,OP/Emer. Rm.	4. SEX Male
	5. RACE White (Specify)	6. Hispanic No - Non-I	outility observed	n. AGE-Last rthday (Years) 81	75. UNDER 1 YEAR MOS DAYS	HOURS MINS	8. DATE OF BIRTH October 2	
	9a. STATE OF BIRTH (If not U.S.A., name country) Utah	9b. CITIZEN OF WHAT CO United States		11. MARRIED, NI DIVORCED (Spe			JRVIVING SPOUSE (
SEE HANDBOOK REGARDING COMPLETION OF	Working Life, Even If Re		^{tetired)} Pharmacist		14b. KIND OF BI	Pharmacy Ever in US Armed Forces? No		
RESIDENCE ITEMS	15a. RESIDENCE - STATE 15b. CC	DUNTY 150 Lincoln	. CITY, TOWN OR LOC Panaca	i	STREET AND NUME Blad Street	ER		SIDE CITY (Specify Yes Yes
PARENTS	16. FATHER - NAME (First Middle La				NAME (First Middl	e Last Suffix) anda DUNCA	N.	
	18a. INFORMANT- NAME (Type or Print) Emily Brookie CONDIE SWALLOW 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 892 Blad Street Panaca, Nevada 89042							
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME 19c. LOCATION City or Town State Burial Panaca Cemetery Panaca Nevada 89042							
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY TODD BOYER BIGNATURE AUTHORIZE ATTEN 807 730 Front Street Callente NV 89008							
TRADE CALL	SIGNATURE A TRADE CALL - NAME AND ADDRESS	UTHENTICATED	607	7	730 FR	nit Street Calleri	e IVV 69006	
,	> 2.21a To the best of my knowledge depth occurred at the time date and place and							
CERTIFIER	일 볼 April 27, 2009		11:11	In 25	SIGNED (Mo/Day/		HOUR OF DEATH	D AT (Hour)
}	(Type or Print)			76	7/4	/	3b. LICENSE NUMBE	
	JOHN R. ROGERS MD PO Box 1010 Caliente, NV 89008 1770589186							
REGISTRAR		TODD BOYER	ATED (A	lo/Day/Yr) A	pril 28, 2009	YES	NO [2	₫ .
CAUSE OF DEATH	PÁRT I (a) Cardiac Arrhy	L	LINE FOR (a), (b), AND	(c).)	_	1 1	Interval between or	nset and death
CONDITIONS IF	DUE TO, OR AS A CO	<u>\</u>				-	Interval between or	set and death
GAVE RISE TO IMMEDIATE CAUSE ->	DUE TO, OR AS A CO					· · · · · · · · · · · · · · · · · · ·	Interval between or	•
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CO	NSEQUENCE OF:		7	,	, , , , , , , , , , , , , , , , , , ,	interval between or	nset and death

STATE REGISTRAR

VRS-Rev-2008T

27. WAS CASE REFERRED TO CORONER (Specify Yes or No) NO

No

STATE

26. AUTOPSY

(Specify Yes or No) No



PART II

28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)

28e. INJURY AT WORK (Specify

270259

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.

Severe Malnutrition due to Esophageat Stricture and Parkinson's Disease

28b. DATE OF INJURY (Ma/Day/Yr)

building, etc. (Specify)

DATE ISSUED:

This copy is not valid unless per 2009 engraved border displaying date, seal and signature of Registrar.

28f. PLACE OF INJURY- At home, farm, street, factory, office 28g. LOCATION



STREET OR R.F.D. No.

