APN: 02-043-01

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 # 0135756

/29/2010 01:41 PM

Official Record
Recording requested By
EMILY BROOKIE CONDIE SWALLOW

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 RPTT: Recorded By DP Book- 255 Page- 0338



AFFIDAVIT OF DEATH OF JOINT TENANT

	//)SS	-	- N	744
County of Lincoln)			1/1
			1	N
/	/		N	- No.

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 #02-043-01, and more specifically described as follows:

Parcel 1

State of Nevada

The North Half of Lot 1 in Block 19 in the Town of Panaca, County of Lincoln, State of Nevada as shown on the Official Map thereof recorded in the Book of Plats, Page 34, Lincoln County, Nevada Records.

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 Brookie Condie Swallow

SUBSCRIBED and SWORN to before me

this 292 day of

2010.

ALISHA HOWARD

Notary Public-State of Nevada

APPT. NO. 97-2573-11

My App. Expires June 17, 2013

NOTARY PUBLIC

Page

and number)

United States

Working Life, Even If Retired)

F NEVADA (OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2009006236
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT **BLACK INK**

SWALLOW

2. DATE OF DEATH (Mo/Day/Year) April 22, 2009 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street

MOS

3a, COUNTY OF DEATH

#F DEATH OCCURRED IN

DÉCEDENT

5. RACE White (Specify)

Utah

9a. STATE OF BIRTH (If not U.S.A.,

13. SOCIAL SECURITY NUMBER

Nevada

name country)

1a. DECEASED-NAME (FIRST, MIDDLE, LAST, SUFFIX)

892 Blad Street 6. Hispanic Origin? Specify 7a. AGE-Last birthday (Years) No - Non-Hispanic

14a, USUAL OCCUPATION (Give Kind of Work Done During Most of

16

7b, UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (Mo/Day/Yr) DAYS HOURS MINS

3e if Hosp, or Inst. indicate DOA OP/Emer. Rm.

October 23, 1927 12. SURVIVING SPOUSE (if wife, give maiden nemily Brookie CONDIE

INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a RESIDENCE - STATE 15b. COUNTY Lincoln 15c, CITY, TOWN OR LOCATION 15d, STREET AND NUMBER

DIVORCED (Specify)

14b. KIND OF BUSINESS OR INDUSTRY Ever in US Armed Pharmacy

Forces? No 15e. INSIDE CITY JMITS (Specify Yes

PARENTS

16. FATHER - NAME (First Middle Last Suffix) Thomas Charles SWALLOW 17. MOTHER - NAME (First Middle Last Suffix) Vanda DUNCAN

892 Blad Street

r Na) Yes

18a, INFORMANT- NAME (Type or Print)

18b. MAILING ADDRESS

Pharmacist

Panaca

9b. CITIZEN OF WHAT COUNTRY 10.EDUCATION 11. MARRIED, NEVER MARRIED, WIDOWED,

(Street or R.F.D. No, City or Town, State, Zip)

Emily Brookie CONDIE SWALLOW

892 Blad Street Panaca, Nevada 89042

Incatient(Specify)

Married

19c. LOCATION

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATORY - NAME Burial

Panaca Cemetery

20c. NAME AND ADDRESS OF FACILITY

Panaca Nevada 89042

20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER

20b FUNERAL DIRECTOR LICENSE

Southern Nevada Mortuary

SIGNATURE AUTHENTICATED

807

730 Front Street Caliente NV 89008

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 JOHN R. ROGERS MD CERTIFIER April 27, 2009

æ

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) 22b. DATE SIGNED (Mo/Day/Yt) 22c. HOUR OF DEATH

(Type or Print)

TRADE CALL TRADE CALL - NAME AND ADDRESS

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

21c. HOUR OF DEATH

11:11

22d, PRONOUNCED DEAD (Mo/Day/Yr)

22e. PRONOUNCED DEAD AT (Hour)

REGISTRAR 24a. REGISTRAR (Signature)

TODD BOYER

JOHN R. ROGERS MD PO Box 1010 Caliente, NV 89008 AN DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 2009

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) 23b. LICENSE NUMBER 1770589186 24c DEATH DUE TO COMMUNICABLE DISEASE

25. IMMEDIATE CAUSE

YES

NO X

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE -> STATING THE UNDER CAUSE LAST

SIGNATURE AUTHENTICATED

(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Cardiac Arrhythmia

Interval between onset and death

Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF:

DUE TO, OR AS A CONSEQUENCE OF:

interval between onset and death Interval between onset and death

Severe Malnutrition due to Esophageal Stricture and Parkinson's Disease

26. AUTOPSY

27. WAS CASE REFERRED TO CORONER (Specify Yes

PART II

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

28c, HOUR OF INJURY

(Specify Yes or No) No

No

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

(d)

28e. INJURY AT WORK (Specify 28f. PLACE OF INJURY- At home, farm, street, factory, office

building/etc. (Specify)

28a, LOCATION

CITY OR TOWN

STATE

STATE REGISTRAR

VRS-Rev-2008T



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.

DATE ISSUED:

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

SIGNATURE AUTHENTICATED

STREET OR R.F.D. No.

