

Official Record

Recording requested By  
DYLAN FREHNER

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4  
RPTT: Recorded By DP  
Book- 256 Page- 0617



APN 005-131-02

Recording Requested By:

Name Kathleen M. Cole

Address P.O. Box 653

City / State / Zip Pioche, NV 89043

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(3) 111.365

(Insert the NRS, public program or grant referenced in the line above)

[Handwritten Signature]

Signature

Attorney

Title

Dylan D. 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.



APN: 005-131-02

When recorded mail to:

Kathleen M. Cole  
P.O. Box 653  
Pioche, Nevada 89043

**AFFIDAVIT OF DEATH OF JOINT TENANT**

State of Nevada        )  
  )ss  
County of Lincoln     )

Kathleen M. Cole 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. I am Kathleen M. Cole, the same person named as Kathleen M. Cole, one of the grantees as joint tenants named in that certain Deed recorded as Document number 62030A in Book 25 Pages 538 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.

3. The real property, which is the subject of the above-entitled Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

An undivided one half interest in and to the following described property heretofore acquired jointly by John W. Cole and Phillip J. Dolan, namely:

160 acres of land under U.S. Patent No. 729847 begin the NE1/4 NW1/4 Sec. 16 and the NW1/4 SE1/4 and E1/2 SW1/4 Sec. 9, T. 6N., R. 68 E. M. D. M.; and

160 acres of land under U.S. Patent No. 877578, being the NW1/4 SW1/4 Sec.10, and the S1/2 NE1/4 and the NE1/4 SE1/4 Sec. 9, T. 6 N., R. 68 E. M. D. M.; together with any and all improvements thereon and any and all grazing rights and any and all water rights used or usable in connection with or appurtenant to the foregoing real property and an undivided one half of a 5/8 interest in Cottonwood Stream application No. 5143 as of record in the office of the State Engineer of Nevada.

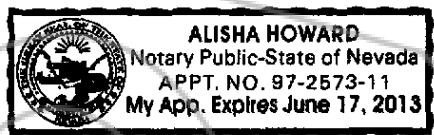


4. John Donald Cole, also one of the grantees named in said Deed, died on February 4<sup>th</sup>, 2008, in Caliente, Lincoln County, Nevada. I am Kathleen M. Cole the widow of John Donald Cole.

Kathleen M. Cole  
Kathleen M. Cole

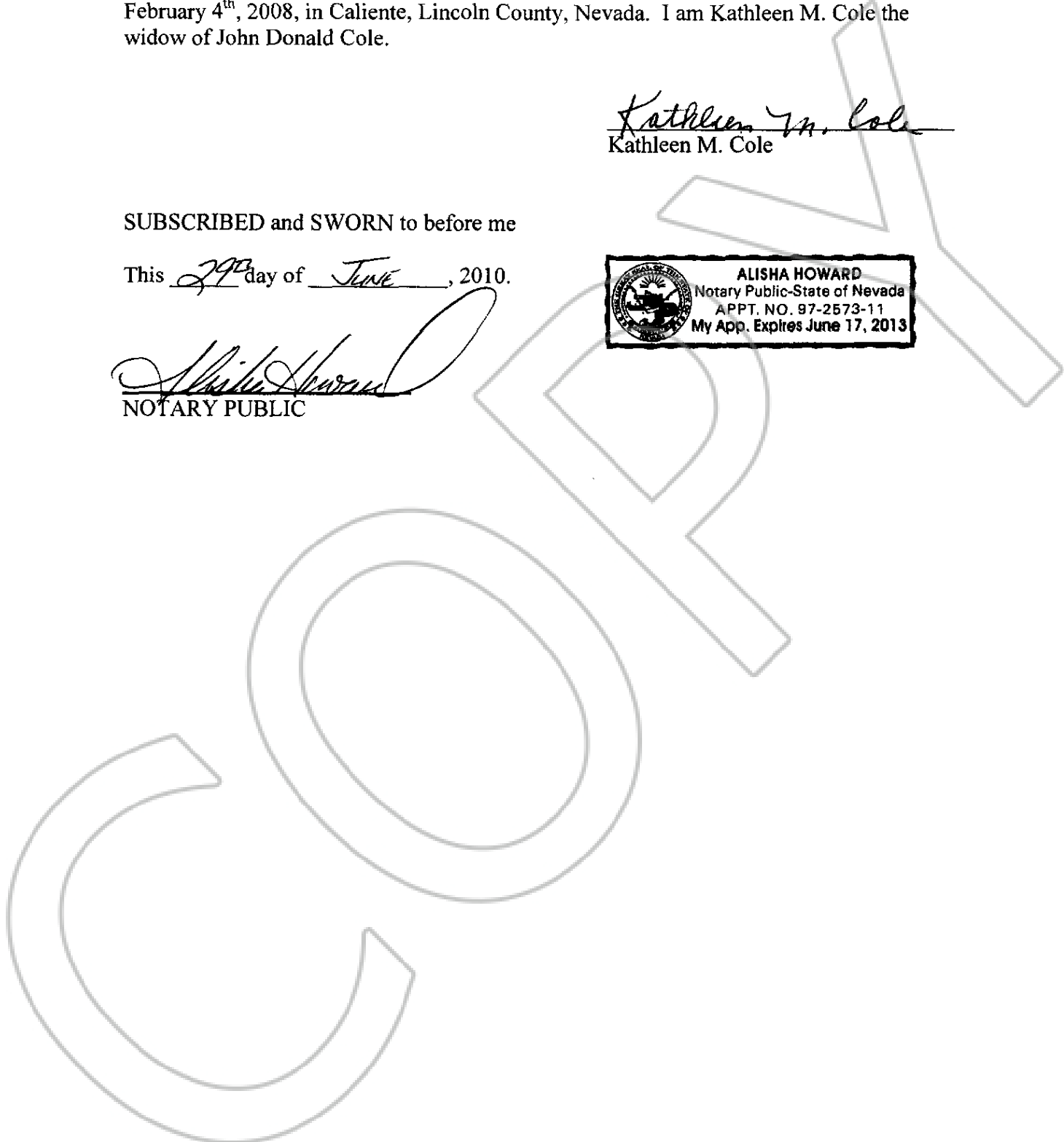
SUBSCRIBED and SWORN to before me

This 29<sup>th</sup> day of June, 2010.



Alisha Howard

NOTARY PUBLIC



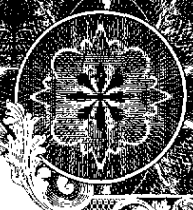


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# STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS



## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2008001869  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

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>John Donald COLE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 04, 2008</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 White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>84</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 26, 1924</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>13</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Kathleen Mary HINE</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>Rancher</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Ranching</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
15d. STREET AND NUMBER <b>E. Hoffman &amp; Main</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER - NAME (First Middle Last Suffix) <b>John William COLE</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Anna SUCCETTI</b>		
18a. INFORMANT- NAME (Type or Print) <b>Kathleen Mary COLE</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>E. Hoffman &amp; Main Pioche, Nevada 89043</b>		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Cemetery</b>		19c. LOCATION City or Town State <b>Cedar City Utah</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>750 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>RICHARD WILLIAM KATSCHKE JR. M.D.</b> 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) <b>February 05, 2008</b>		21c. HOUR OF DEATH <b>04:45</b>		22b. DATE SIGNED (Mo/Day/Yr)	
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) <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> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>February 07, 2008</b>		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).)				Interval between onset and death	
PART I					
(a) <b>Metastatic Colon Cancer</b>				Months	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Coronary Artery Disease</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) <b>Congestive Heart Failure</b>				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)					
PART II				26. AUTOPSY (Specify Yes or No)	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or 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

53996

192641

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.

*Rd Wh...*

DATE ISSUED: **FEB 12 2008**

STATE REGISTRAR

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

FBNCO (REV. 1/106)

