

Official Record

Recording requested By
COW COUNTY TITLE CO.

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: DP
Book- 256 Page- 0670



0136102

A.P.N. 003-101-06
R.P.T.T. \$0.00
Escrow No. 39391

Recording Requested By:
Cow County Title Co.

Mail Tax Statements To:
Same as below

When Recorded Mail To:
Stephen Danvers Wilcox
1484 Hagar Rd
Reno NV 89506

AFFIDAVIT DEATH OF JOINT TENANT

STEPHEN DANVERS WILCOX, of legal age, being first duly sworn, deposes and says: That FRANK R. WILCOX, JR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRANK R. WILCOX, JR named as one of the parties in that certain Quitclaim Deed dated September 29, 1998 executed by FRANK R. WILCOX, JR. to FRANK R. WILCOX, JR., a widower and STEPHEN DANVERS WILCOX, a married man as joint tenants, recorded as Instrument No.111717, on October 9, 1998 in Book 137, of Official Records of Lincoln, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: June 17, 2010

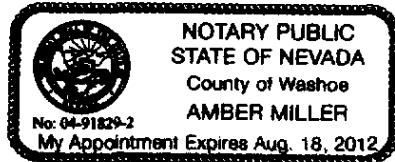
Stephen Danvers Wilcox
STEPHEN DANVERS WILCOX

State of Nevada }

County of: Washoe }

This instrument was acknowledged before me on June 29, 2010
By STEPHEN DANVERS WILCOX

Signature: Amber Miller
Notary Public





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CLARIFICATION COPY

AFFIDAVIT DEATH OF JOINT TENANT

STEPHEN DANVERS WILCOX, of legal age, being first duly sworn, deposes and says: That FRANK R. WILCOX, JR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as FRANK R. WILCOX, JR named as one of the parties in that certain Quitclaim Deed dated September 29, 1998 executed by FRANK R. WILCOX, JR. to FRANK R. WILCOX, JR., a widower and STEPHEN DANVERS WILCOX, a married man as joint tenants as joint tenants, recorded as Instrument No. 10091998, on in Book 137, of Official Records of Lincoln, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: July 2, 2010

STEPHEN DANVERS WILCOX

State of _____ }

County of: _____ }

This instrument was acknowledged before me on _____

By STEPHEN DANVERS WILCOX _____

Signature: _____

Notary Public

| | | | |
|---|--|---|--|
| LOCAL FILE NUMBER | | STATE FILE NUMBER | |
| DECEASED—NAME First Middle Last 1. AKA: Frank Franklin R. WILCOX, JR. | | DATE OF DEATH (Month, Day, Year) 2. March 15, 2002 | |
| CITY, TOWN OR LOCATION OF DEATH 3b. Las Vegas | | COUNTY OF DEATH 3a. Clark | |
| HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. 6229 Hobart Avenue | | If Hosp. or Inst. indicate DOA, OP/Emer. Rtn. Inpatient (Specify) 3e. Male | |
| RACE—(e.g., White, Black, American Indian, etc.) (Specify) 5. White | | AGE—Last Birthday (Years) 7a. 75 | |
| Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6. no | | UNDER 1 YEAR MOS : DAYS 7b. : | |
| STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada | | DATE OF BIRTH (Mo., Day, Yr.) 8. April 29, 1926 | |
| CITIZEN OF WHAT COUNTRY 9b. U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Widowed | |
| SOCIAL SECURITY NUMBER 13. [REDACTED] | | SURVIVING SPOUSE (If wife, give maiden name) 12. : | |
| USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Cashier | | KIND OF BUSINESS OR INDUSTRY 14b. Casino | |
| RESIDENCE—STATE 19a. Nevada | | CITY, TOWN, OR LOCATION 15c. Las Vegas | |
| COUNTY 19b. Clark | | STREET AND NUMBER 15d. 6229 Hobart Ave. | |
| INSIDE CITY LIMITS (Specify Yes or No) 15e. Yes | | | |
| FATHER—NAME First Middle Last 16. Frank R. Wilcox, Sr. | | MOTHER—MAIDEN NAME First Middle Last 17. Mary Danvers | |
| INFORMANT—NAME (Type or Print) 18a. Steve Wilcox | | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. 7882 Gilmore Avenue, Las Vegas, Nevada 89129 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation | | CEMETERY OR CREMATORY—NAME 19b. Paradise Valley Crematory | |
| FUNERAL DIRECTOR—SIGNATURE (Or Physician Acting as Such) 20a. Donald A. Neal | | NAME AND ADDRESS OF FACILITY 20c. DAVIS FUNERAL HOME 2127 West Charleston, Las Vegas, Nevada 89102 | |
| FUNERAL DIRECTOR LICENSE NUMBER 20b. 405 | | LOCATION City or Town State 19c. Las Vegas, Nevada | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 3/20/02 HOUR OF DEATH 21c. 3:20 P.M. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Rexene Worrell, MD | | 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) and manner stated. (Signature and Title) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. 3/20/02 HOUR OF DEATH 22c. 3:20 P.M. PRONOUNCED DEAD (Mo., Day, Yr.) 22d. 3/15/02 PRONOUNCED DEAD (Hour) 22e. 3:20 P.M. | |
| NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print) 23a. Rexene Worrell, MD, Dep. Med. Exam., 1704 Pinto Ln., Las Vegas, NV | | LICENSE NUMBER 23b. 9890 | |
| REGISTRAR 24a. (Signature) [Signature] | | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. MAR 21 2002 | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF: (b) : DUE TO, OR AS A CONSEQUENCE OF: (c) : PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I. | | DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| ACC., SUICIDE, HON., UNDET., OR PENDING INVEST. (Specify) 28a. : | | DATE OF INJURY (Mo., Day, Yr.) 28b. : | |
| HOUR OF INJURY 28c. : | | DESCRIBE HOW INJURY OCCURRED 28d. : | |
| INJURY AT WORK (Specify Yes or No) 28e. : | | PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f. : | |
| LOCATION 28g. : | | STREET OR R.F.D. No. CITY OR TOWN STATE | |

STATE REGISTRAR No. 212310

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE CLARK COUNTY HEALTH DISTRICT

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: [Signature] Date Issued: MAR 27 2002

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573



Exhibit A

File Number: 39391

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

Beginning at the Southeast corner of the land sold to Ernest and Nellie Allen by Thos E. Dixon, April 10, 1944, and recorded under Document No. 18810 on April 10, 1944 in Book "F-1" East Estate Deeds, at page 489, the said land now comprising the Lincoln Park Addition to the City of Caliente, Nevada; thence running North 30°29' West along the line of said Lincoln Park Addition 180.27 feet; thence running North 60°21' East 138.9 feet; thence running South 30°29' East to a point on the North line of Lincoln Street a distance of 180.27 feet; thence South 60°21' West along the North line of Lincoln Street 138.9 feet to the place of beginning.

ASSESSOR'S PARCEL NUMBER FOR 2009-2010: 03-101-06