APN: 06-241-39

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

Requestor's Address Lisa Lytle HC 74 Box 250 Pioche, Nevada 89043

Joint Tenants Address Lisa Lytle HC 74 Box 250 Pioche, Nevada 89043 **#** 0136369

Record Official Recording requested By LISA LYTLE

Lincoln County - NV Recorder Leslie Boucher Page 1 of 3 Fee: \$16.00

Recorded By. LB 0004 Book- 258 Page-



## AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada )ss County of Lincoln

Lisa Lytle hereby swears under penalty of perjury, that the following assertions are true of her own personal knowledge:

- I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- The real property, which is the subject of the Joint Tenancy Deed recorded 2. as Document number 77946 in the Official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, and is legally known as Assessor's parcel #06-241-39, and more specifically described as follows:

A parcel of land situate in the Southwest Quarter (SW 1/4) of the Northwest Quarter (NW 1/4) of the Southeast Quarter (SE 1/4) of Section 35, Township 2 North, Range 69 East, M.D.B. & M., more particularly described as follows.

Beginning at a point which is the Northwest corner of this parcel from which the Northwest corner of Lot 12, Eagle Valley Plat, bears North 18°29' East, a distance of 79.40 feet; thence South 72°24' East, a distance of 134.4 feet to the Northeast corner; thence South 38° West, a distance of 93.1 feet to the Southeast corner: thence North 72° West, a distance of 96.8 feet to the Southwest corner: thence North 18°29'East, a distance of 86.5 feet to the point of beginning.

- 3. The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 77946 In the official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, listed two Joint Tenants, Kim Lytle and Lisa Lytle, Husband and Wife, HC 74 Box 250, Pioche, Nevada, 89043.
- Kim Lytle, one of the grantees named in said Deed, Russel Kim Lytle died on April 9<sup>th</sup>, 2004, also known as Russel Kim Lytle, in the Spring Valley State Park, Lincoln County, Nevada.
  - 5. I Lisa Lytle am the Widow of Kim Russel Lytle.

SUBSCRIBED and SWORN to before me this \_272 day of

KlubUS.

**NOTARY PUBLIC** 

ALISHA HOWARD Notary Public-State of Nevada APPT. NO. 97-2573-11 My App. Expires June 17, 2013 08/27/2010

OF VITAL RECORD

## **DEPARTMENT OF HUMAN RESOURCES**

DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

ı	LOCAL FILE NUMBER	· I			' \	STATE FILE NUMBER	
TYPE OR PRINT	DECEASEDNAME First	Middle	Last	DATE OF D	EATH (Month, Day, Year)	COUNTY OF DEATH	
IN ERMANENT	1. Russel	Kim	LYTLE	2 Apri		3a Lincoln	
LACK INK	Spring Valley	HOSPITAL OR OTHE	R INSTITUTION Name (If not e	either, give street and number	er) If Hosp. or Inst. indicate I Rm. Inpatient (Specify)	DOA, OP/Emer. SEX	
CEDENT	<sup>3b</sup> State Park	3c Eagle Va	lley Resevoir		3e.	⁴Male	
<u> </u>	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic On specify Mexican, Cuban, Puert	gin? Specify ☐ yes 🔏 no lf yes, to Rican, etc.	AGE—Last <u>UND</u> Birthday (Years) MOS	ER 1 YEAR UNDER 1 DAY  B DAYS HOURS MINS		Yr.)
	5. White	6.	Decedents Education C	7a. 47 7b.	7c.	<sup>8</sup> May 21, 195	
IF DEATH DCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN	grade completed.	WIDOWED	D, DIVORCED	URVIVING SPOUSE (If wife, give ma	
INSTITUTION EE HANDBOOK	9a. Nevada SOCIAL SECURITY NUMBER	U.S.A. USUAL OCCUPATION (Gi	ive Kind of Work Done During Mo	31.	Married 15 BUSINESS OR INDUSTRY	<sup>2</sup> Lisa L. Stron	8
REGARDING DMPLETION OF CIDENCE TISSES		Working Life, Even if Retire	ed)		N		3
SIDENCE ITEMS	RESIDENCE—STATE CO	<sup>14a.</sup> Equipment <sup>UNTY</sup>	City, town, on Location	N 190. CC	ounty Road Depa	I INSIDE CITY LIMITS	3
<b>└</b> ▶[	15a. Nevada 15b	Lincoln	15c Eagle Valle		15d.HC-74 #250	(Specify Yes or No) 15e. NO	<b>\</b>
	FATHER—NAME First	Middle	Last MOT	HER-MAIDEN NAME		Iddle Last	/
RENTS	16. Gordon		vtle 7		Betty	Morris	r'
	INFORMANT—NAME (Type or Print)		MAILING ADDRESS	(Street	of Or FI,F.D. No., City or Town, Sta		
	18a Lisa Lytle		18b.HC-74 Be	ox 250 Pioc	he Nevada 890	)43	
	BURIAL, CREMATION, REMOVAL, OTI		RY OR CREMATORY—NAME		LOCATION C	ty or Town State	
POSITION	19a. Cremation FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Figh)	19b. Cr	emation Center	DEFECT OF FACE ITY	<u> </u>		
	<b>.</b> / //// <b>. . .</b> 7	- 1 - 1 - X	DIRECTOR NAME AND ADD	76. E. T	iscombe Funera		
>	z 21a. To the best of my knowledge	e, death occurred at the time, dat	5 20c. 730 3	Front Street	Caliente No	gation/nymy opinion death accum	rejd
ſ	224 To the best of my introspering to the cause(s) stated.  (Signature and Title)  DATE SIGNED (Mo., Day, )  21b.  NAME OF ATTENDING PHY  21d.	/ /	1	at the tim	ne, date and place and due to the	evada, 89008 gation/nymy opigion death occur calse(s) and manner stated.	₹.Sb3
	DATE SIGNED (Mo., Day,	r.) HOUR OF DE	EATH	SO DATE SIGNED	D (Mo., Day, Yr.) HO	UR OF DEATH	4-
	21b.	21c.		E 226. 4/0	3/04 229	Before 1145	ı
RTIFIER	NAME OF ATTENDING PHY	YSICIAN IF OTHER THAN CERTI	IFIER (Type or Print)			ONOUNCED DEAD (Hour)	
						AT 1145	
	1	\.	DING PHYSICIAN, MEDICAL EX	(AMINER, OR CORONER).	(Type or Print.)	LICENSE NUMBER	
_	23a. Timothy Li	mina: P.O Bo	x 530 Pioche	Nevada 890 VED BY REGISTRAR (Mo.,	A3	23b. IMUNICABLE DISEASE	
NDITIONS F ANY		2 c 5 kg	7	/ /	<b>!</b>		
F ANY ICH GAVE IISE TO MEDIATE	24a. (Signature)  25. IMMEDIATE CAUSE (ENTER	ONLY ONE CAUSE PER LINE F	24b. 04-( FOR (a), (b), AND (c).)	19-04	24c. YES N	Interval between onset and d	leath
CAUSE TING THE DERLYING		\	149	/		•	:
DERLYING USE LAST	PART (a) Accidenta DUE TO, OR AS A CON	1 Drowning			······································	• Minutes • Interval between onset and d	leath
1/.	(b) Hypotherm	10	-			: Minutes	
7	DUE TO, OR AS A CON	SEQUENCE OF:				interval between onset and d	leath
ISE SE	(c)					<u>:</u>	
USE OF EATH	PART OTHER SIGNIFICANT CON	DITIONS—Conditions contributing	to death but not resulting in the	underlying cause given in P	Yes or No.		(o)
1	\	T OF WAR	ID AS IN CIPA	INC. COLORS	26. No.	27. Yes	
1	OR PENDING INVEST.		Before	IBE HOW INJURY OCCUR	Jumped Iron	a 25 foot cliff	£
/	(Specify) 28a. Accident 28b. INJURY AT WORK PLA	04-09-04 28c.	1145 M 28d.		ly cold water.	OR TOWN STATE	<del></del>
1		CE OF INJURY—At home, farm, building, etc. (Sp				•	:
	28s. No 28f.	Eagle Valley	kesevoir   289. S	Spring Valle	y State Park	Nevada	
	OTATE DECICTOAD					.239574	

JOINTE NEO

NO.23331



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:

APR 2 2 2004

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

STATEMEGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE 🖊 🥫