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Recording requested By ROSE MARY D. DAVIS Lincoln County - NV

- Recorder Leslie Boucher of 3 Fee: \$16.00 Recorded By: LB RPTT

Book- 259 Page-

APN: 03-092-02

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

Requestor's Address Rose Mary D. Davis P.O. Box 154 Caliente, Nevada 89008

Joint Tenants Address Rose Mary D. Davis P.O. Box 154 Caliente, Nevada 89008

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA)ss County of Lincoln

Rose Mary D. Davis 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.
- I am Rose Mary D. Davis the same person named as Rose Mary D. Davis, one of the grantees as joint tenants named in that certain Deed recorded as Document number 49596, in the Official Records in the Office of the Lincoln County Recorder of Lincoln County, State of Nevada.
- 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:

APN # 03-092-02, further described as:

Lot thirteen (13) of Amended Plat of Lincoln Park Addition to Caliente, Nevada, as shown by map thereof on file in Book "A" of Plats, page 59, in the Office of the County Recorder of Lincoln County, Nevada.

SUBJECT to recorded rights of way and to the effect, if any, of instruments recorded in the official Records of the aforesaid county as follows:Bk."F" of Miscellaneous Records, page 185 (Reservations): Book "M" of Miscellaneous Records, page 284 (Declaration of Restrictions); Book "P" of Mortgages, page 225 (Deed of trust):

Commonly known as 454 McArthur Avenue.

- 4. Chester G. Davis, also one of the grantees named in said Deed, died on July 5th, 2005, in the city of Las Vegas, County of Clark, State of Nevada.
 - 5. I Rose Mary D. Davis am the widow of Chester G. Davis.

Rose Mary D. Lavis

SUBSCRIBED and SWORN to before me by Rose Mary D. Oans this 11th day of <u>lanuary</u>, 2009.

MARY PUBLIC



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	DIVISION OF HEALTH			ARTMENT OF HUMAN RESOURCES — SECTION OF VITAL STATISTICS		
į	0707	0 7	CERTIFICATE O			
	LOCAL FILE NUMBER				STATE FILE NUMBER	
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day		
RK ERMANENT	1. Chester	Gerald	DAVIS	2 July 5,	2005 sa Clark	
BLACK INK	CITY, TOWN OR LOCATION OF DEA	ATH HOSPITAL OR OTHE	R INSTITUTION Name (if not eithe		r Inst. indicate DOA, OP/Emer. SEX lent (Specify)	
ECEDENT	<u>∞_ Las Vegas</u>	sc. Lindred i	lospital of Las Yegas	Se.	Inpatient 4 Male	
CEDENT	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Claspecify Mexican, Cuban, Pust	nigin? Specify yes No If yes, A		UNDER I DAY DATE OF BIRTH (Mo., Day, Yr.)	
}	ō. White	6.	7			
IF DEATH DCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COU	N- Decedent's Education. Specify grade completed.	highest MARRIED, NEVER MARRIE WIDOWED, DIVORCED	D, SURVIVING SPOUSE (If wife, give malden name	
INSTITUTION	9a. Nevada	86. U.S.A.	10. 12	(Specify) Married		
EE HANDBOOK REGATIONS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (G Working Life, Even if Retir	ive Kind of Work Done During Most o	KIND OF BUSINESS OR IF		
MPLETION OF SIDENCE ITEMS	13. 5		Equipment Opera	tor 146. Federa	l Government	
1. [RESIDENCE-STATE C	OUNTY	CITY, TOWN, OR LOCATION	STREET AND NUM		
→ (154 Nevada 15	» Lincoln	15c. Caliente	15d. 454 I	(Specify Year or No)	
	FATHER-NAME First	Middle			Middle Last	
RENTS	18. Gerald	William I	Davis 17.	Armalia	Zabriskie	
	INFORMANT-NAME (Type or Print)		MAILING ADDRESS	(Street or R.F.D. No., C		
	18a. Rose Mary Di	Per Davis - Vi	ife 186. 454 Mg	Arthur Drive Cali		
	BURIAL, CREMATION, REMOVAL, O	THER (Specify) CEMETE	RY OR CREMATORY—NAME	LOCATIO		
	18a. Bursal	19b.	Consesy Memorial Veterans	Comptery 10c.	Calinate Newsda	
POSITION	FUNERAL DIESECTOR - SIGNATURE		DIRECTOR NAME AND ADDRE	SS OF FACILITY	Caliente, Nevada y - Downtown	
Į	Or Petition King as S	INCENSE 20h	` /	1111	The state of the s	
_ /	2 21a. To the best of mylknowled	n, death occurred at the time de	e and place and	Main St., Les Vegas, Bevada	o and/or investigation, in my opinion death occurred and due to the cause(s) and manner stated.	
1	2 21a. To the best of my knowled doe to the cause(s) states. Off disansure contained 21d.	Stephin also	Jun	15.		
1	Ö 21d.			22d. ON	1 224, A1	
ì	NAME AND ADDRESS OF	F CERTIFIER (PHYSICIAN, ATTE	NDING PHYSICIAN, MEDICAL EXAM	INER, OR CORONER). (Type or Print.)	20 7 1	
Ļ	\ 	Sabir MD 700 E	. warm springs i	Rd. Las Vegas NV 8		
SMOTTONS	REGISTRAR	$\mathbf{L}_{\mathbf{n}} \hookrightarrow \mathbf{n}_{\mathbf{n}}$	DATE HECEIVEL			
HCH GAVE	24a. (Signature)	Duni-translar	VVIII 246.	1 3 2005 240.	YES NO NO NOT INTERVAL between onset and death	
MEDIATE CAUSE	25. IMMEDIATE CAUSE VIENTE	HONLY ONE CAUSE PER LINE		No (+ / /	4	
IF ANY IF	PART (a)	CARDIOPULN	ONAKT A	erest /	Interval between onset and death	
LUSE LAST	DUE TO, OR AS A C			· / / /		
	(b)	HABONOF	DWIC SU	ock	Interval between onset and death	
	DUE TO, OR AS A C			BLEED	Substitution Personal Assert man Transfer	
	(c)	GASTROIN	TESTINAL		Y (Specify WAS CASE REFERRED TO	
AUSE OF DEATH	PART OTHER SIGNIFICANT CO	XNDTTIONS—Conditions contributi	ng to death but not resulting in the un	derlying cause given in Pert 1. AUTOPS' 26.	Y (Specify Vas or No) WAS CASE REFERRED TO CORONIER (Specify Yes or No)	
	ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST.	TATE OF INJURY (Mo., Day, Yr.) HK	OUR OF INJURY DESCRIBE	HOW INJURY OCCURRED	4.	
		9b. 26	c. M 28d.	\ \	<u> </u>	
	INJURY AT WORK	LACE OF INJURY—At home, fam	n, street, factory, office LOCATION	STREET OR R.F.D. No.	CITY OR TOWN STATE	

"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.

STATE REGISTRAR

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

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

No. 292620

Date Issued:

AUG 0 1 2005

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