

DOC # 0136681

11/05/2010

04:11 PM

**Official Record**

Recording requested By  
COW COUNTY TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee - \$42.00

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RPTT:

Recorded By: AE

Book - 259 Page - 0359

APN NO.: 004-121-16

**WHEN RECORDED MAIL TO:**

ALAMEDA COLLINS  
416 FORTSUTTER BLVD.  
FERNLEY, NV 89408

**MAIL TAX STATEMENTS TO:**



0136681

**ESCROW NO.:** 10480425

**AFFIDAVIT - DEATH OF JOINT TENANT**

Alameda Collins, of legal age, being duly sworn, deposes and says:

That Nathaniel M. Collins, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Nathaniel M. Collins, named as one of the parties in that certain Grant Bargain Sale Deed dated March 7, 1990, executed by Charles R. Core and Garnet M. Core to Nathaniel M. Collins and Alameda F. Collins as joint tenants, recorded as Instrument No. 094035, on May 16, 1990 in Book 90 of Official Records of Lincoln County, Nevada, covering the following described property.

Dated: October ~~18~~<sup>20</sup>, 2010

  
Alameda F. Collins



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STATE OF *NEVADA*  
COUNTY OF *LYON*

} SS:

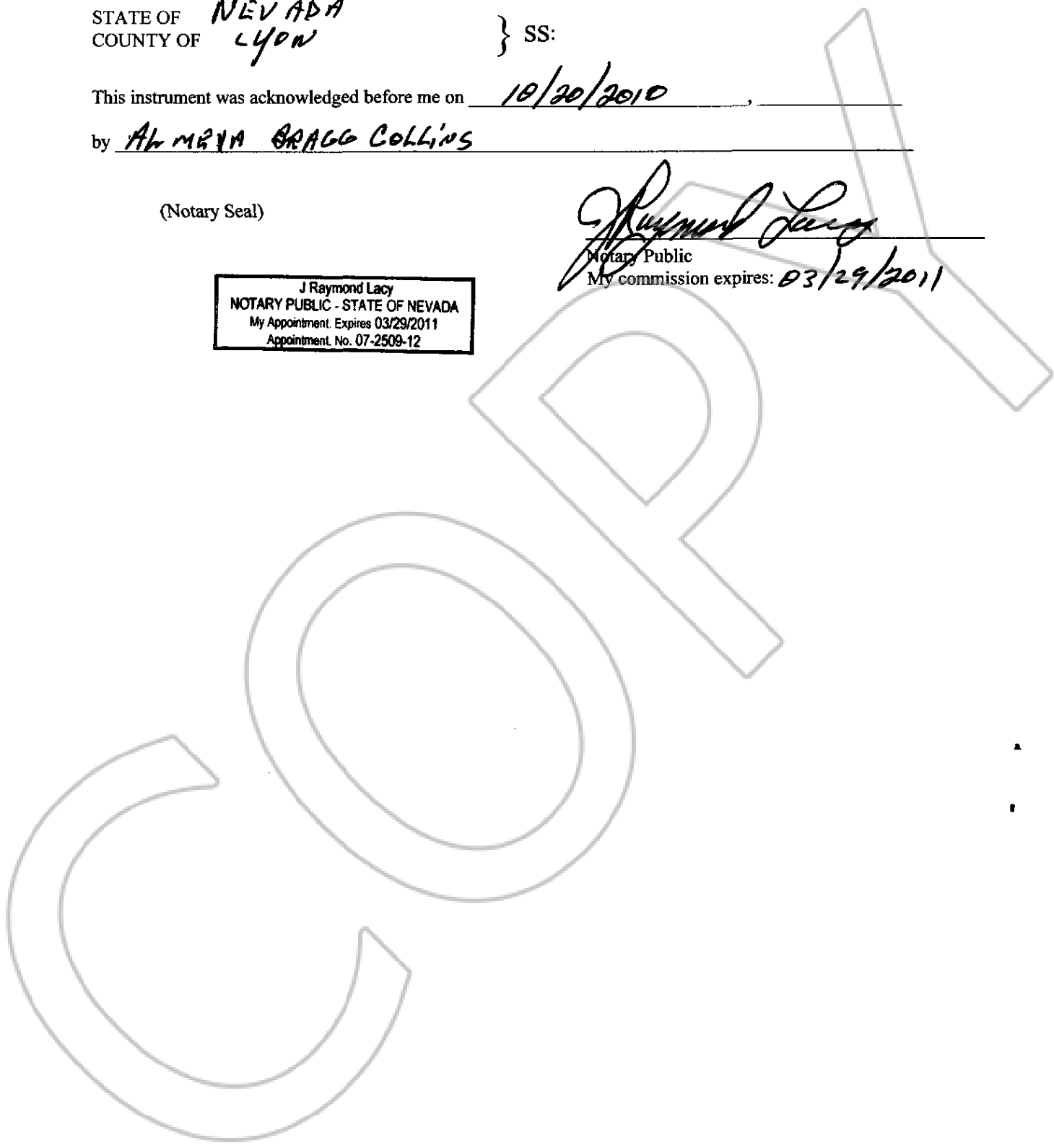
This instrument was acknowledged before me on *10/20/2010*

by *ALMEYA BRAGG COLLINS*

(Notary Seal)

J Raymond Lacy  
NOTARY PUBLIC - STATE OF NEVADA  
My Appointment Expires 03/29/2011  
Appointment No. 07-2509-12

*J Raymond Lacy*  
\_\_\_\_\_  
Notary Public  
My commission expires: *03/29/2011*





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## LEGAL DESCRIPTION

The land referred to herein is described as follows:

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

Lot 48 of ALAMO SOUTH SUBDIVISION, TRACT NO. 1, UNIT NO. 2, as shown on that certain final plat filed for record in the Office of the Lincoln County Recorder on the 13th day of January, 1977 in Book A-1 of Plats, page 126, assigned No. 59021.

EXCEPTING AND RESERVING all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in he said tract as reserved in the land patent recorded April 9, 1927 in Book C-1 of Deeds, page 296 as File No. 3965, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2010 - 2011: 004-121-16



CERTIFICATE OF DEATH

STATE FILE NUMBER 2008003451

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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>Nathaniel M COLLINS</b>		2. DATE OF DEATH (Mo/Day/Year) <b>February 27, 2008</b>		3a. COUNTY OF DEATH <b>Clark</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Mesquite</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) <b>Highland Manor of Mesquite</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 MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>April 27, 1923</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Massachusetts</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Almeda BRAGG</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Miner</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Goldmine</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Mesquite</b>	
15d. STREET AND NUMBER <b>272 Pioneer Boulevard</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16 FATHER - NAME (First Middle Last Suffix) <b>Daniel COLLINS</b>			17 MOTHER - NAME (First Middle Last Suffix) <b>Henrietta HANNON</b>		
18a. INFORMANT- NAME (Type or Print) <b>Almeda COLLINS</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>48 Teresa Court Alamo, Nevada 89001</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Desert Crematory</b>		19c. LOCATION City or Town State <b>Las Vegas Nevada 89101</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>CHRIS WALTERS</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>64</b>		20c. NAME AND ADDRESS OF FACILITY <b>Desert Memorial Cremation and Burial</b> <b>1111 Las Vegas Blvd N Las Vegas NV 89101</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>ANTHONY BAFFOE-BONNIE M.D.</b>			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>March 05, 2008</b>		21c. HOUR OF DEATH <b>02:04</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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>Anthony Baffoe-Bonnie M.D. 210 N. Sandhill Mesquite, NV 89027</b>			
23b. LICENSE NUMBER <b>11599</b>		24a. REGISTRAR (Signature) <b>KATHIE FRANKLIN</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>March 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).) PART I (a) <b>End-stage Alzheimer's disease</b> DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
PART II		26. AUTOPSY (Specify Yes or No) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

"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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H. Registrar of Vital Statistics

By: [Signature] Date Issued

MAR 21 2008