

Official Record

Recording requested By  
BROOKIE SWALLOW

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 260 Page- 0562



APN 02-043-01

Recording Requested By:

Name E. Brookie Swallow

Address P.O. Box 905

City / State / Zip Paradise, Nevada 89042

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)

E. Brookie Swallow - Trustee  
Signature Title

E. BROOKIE SWALLOW  
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: 02-043-01

When recorded mail to:

E. Brookie Swallow  
P.O. Box 905  
Panaca, Nevada 89042

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada )  
 )ss  
County of Lincoln )

E. Brookie Swallow 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 E. Brookie Swallow, the same person named as Brookie Swallow, one of the grantees as joint tenants named in that certain Deed recorded as Document number 41941 in Book M-1 Pages 319-320 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-entitle Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

All of the North one half (N1/2) of Lot Numbered One (1) in Block Numbered Nineteen (19) adjoining the west side of the Townsite of Panaca, as said lot and block are delineated on the official plat of said town, now on file and of record in the office of the County Recorder of said Lincoln County, and to which plat and the records thereof reference is hereby made for further particulars. Together with any and all improvements situate thereon.

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///



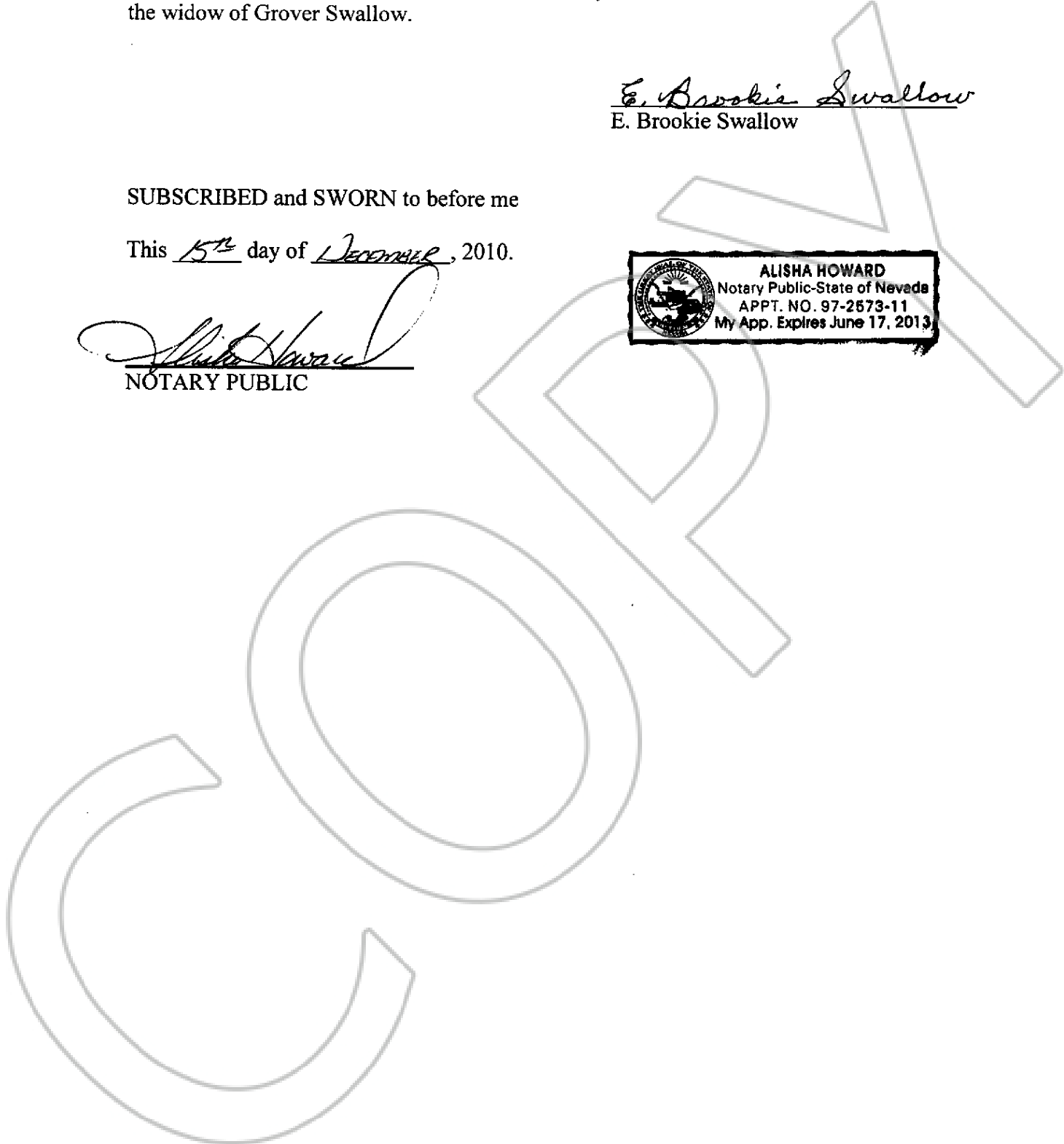
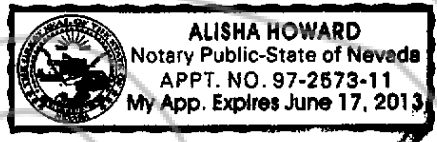
4. Grover Swallow, also one of the grantees named in said Deed, died on the 22nd day of April, 2009, in Panaca, Lincoln County, Nevada. I am E. Brookie Swallow the widow of Grover Swallow.

E. Brookie Swallow  
E. Brookie Swallow

SUBSCRIBED and SWORN to before me

This 15<sup>th</sup> day of December, 2010.

*Alisha Howard*  
NOTARY PUBLIC





0137469

Book 260 12/15/2010  
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STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS  
CERTIFICATE OF DEATH

2009006236  
STATE FILE NUMBER

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>Grover SWALLOW</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 22, 2009</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>892 Blad Street</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)	
3d. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>81</b>		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>October 23, 1927</b>		9a. STATE OF BIRTH (If not U.S.A., name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>Emily Brookie CONDIE</b>	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Pharmacist</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Pharmacy</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>892 Blad Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER - NAME (First Middle Last Suffix) <b>Thomas Charles SWALLOW</b>			17. MOTHER - NAME (First Middle Last Suffix) <b>Vanda DUNCAN</b>		
18a. INFORMANT- NAME (Type or Print) <b>Emily Brookie CONDIE SWALLOW</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>892 Blad Street Panaca, Nevada 89042</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</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>730 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>JOHN R. ROGERS MD</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>April 27, 2009</b>		21c. HOUR OF DEATH <b>11:11</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)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>JOHN R. ROGERS MD PO Box 1010 Caliente, NV 89008</b>	
23b. LICENSE NUMBER <b>1770589186</b>		24a. REGISTRAR (Signature) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 28, 2009</b>	
24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Cardiac Arrhythmia</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) _____			
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

572753

270255

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:

05/04/2009

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

FBNCO (Rev) 1/06

*Rod White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

