

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- 0566



APN 02-043-02

Recording Requested By:

Name E. Brookie Swallow

Address P.O. Box 905

City / State / Zip Primm, 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(5) & 111.365
(Insert the NRS, public program or grant referenced in the line above)

E. Brookie Swallow
Signature

Trustee
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: 02-043-02

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 Emily Brookie Condie Swallow, one of the grantees as joint tenants named in that certain Deed recorded as Document number 111252 in Book 135 Page 503 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-entitled Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

Commencing at the Northwest Corner of Lot numbered 2 in Block Numbered 19, as said Lot and Block are delineated on the official Plat of said town of Panaca now on file in the office of the County Recorder of said County of Lincoln, and running thence East 66 feet, thence South 132 feet, thence West 66 feet, thence North 132 feet to the place of beginning; together with any and all improvements thereon.

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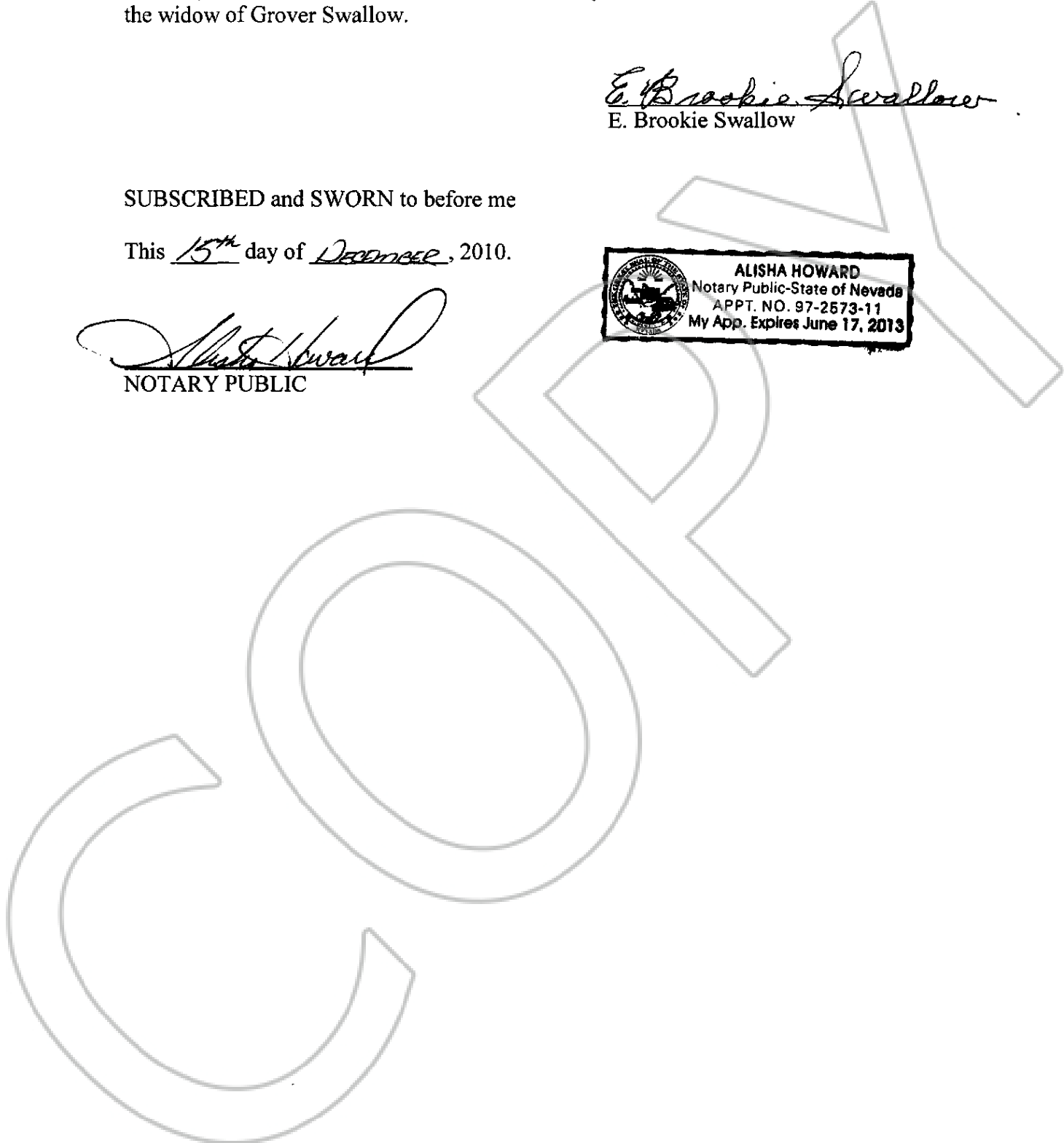
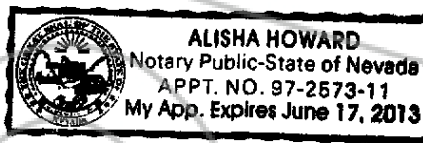
4. Grover Swallow, also one of the grantees named in said Deed, died on the 22nd day of April, 2009, in Panaca, Lincoln County, Nevada. I am E. Brookie Swallow the widow of Grover Swallow.

E. Brookie Swallow
E. Brookie Swallow

SUBSCRIBED and SWORN to before me

This 15th day of December, 2010.

Alisha Howard
NOTARY PUBLIC



2009006236
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Grover SWALLOW		2. DATE OF DEATH (Mo/Day/Year) April 22, 2009		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 892 Blad Street		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Male	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) October 23, 1927	
9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Emily Brookie CONDIE			
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Pharmacist		14b. KIND OF BUSINESS OR INDUSTRY Pharmacy	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 892 Blad Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER - NAME (First Middle Last Suffix) Thomas Charles SWALLOW			17. MOTHER - NAME (First Middle Last Suffix) Vanda DUNCAN		
18a. INFORMANT- NAME (Type or Print) Emily Brookie CONDIE SWALLOW		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 892 Blad Street Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
20a. FUNERAL DIRECTOR - SIGNATURE (Of Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) JOHN R. ROGERS MD 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) April 27, 2009		21c. HOUR OF DEATH 11:11		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JOHN R. ROGERS MD PO Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 1770589186	
24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28, 2009		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) Cardiac Arrhythmia DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)				Interval between onset and death	
PART II Severe Malnutrition due to Esophageal Stricture and Parkinson's Disease				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
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

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

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.

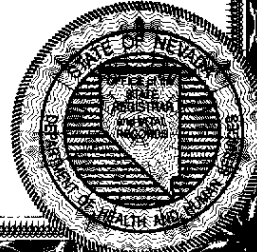
DATE ISSUED:

05/04/2009

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

PSNCO (Rev.) 1106

Rod White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED



VRS-Rev-2008T