

Official Record

Recording requested By
DYLAN FREHNER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT

Recorded By: AE

Book- 271 Page- 0023



0141054

APN 001-102-04

APN _____

APN _____

Affidavit of Death of Joint Tenant

Title of Document

Affirmation Statement

____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NRS 40.595(5) & 111.365
(State specific law)

Dylan Frehner
Signature Title

Dylan V. Frehner, Esq
Print

4/12/2012
Date

Grantees address and mail tax statement:

Lawrence J. Alar
1555 Eagle Street
Santa Maria, CA 93454



APN: 001-102-04

When recorded mail to:

Lawrence J. Ala
1555 Eagle Street
Santa Maria, California 93454

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Lawrence J. Ala hereby swears under penalty of perjury, that the following assertions are true of his 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 Lawrence J. Ala, a son of Lawrence Ala and Edna L. Ala. Lawrence J. Ala and Edna L. Ala the Grantees as joint tenants named in the certain Deed recorded as Document number 89977 in Book 82 Page 411 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 a portion of APN Number 001-102-04, and is more specifically described as follows:

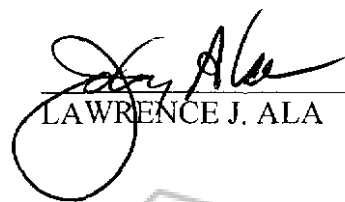
Lots number Seven (7) and Eight (8), in Block numbered Twenty (20), in the Town of Pioche, County of Lincoln, State of Nevada, as said lots and blocks are delineated and described on the official plat of said Town of Pioche, on file and of record in the Office of the County Recorder of Lincoln County, at Pioche, Nevada, to which plat reference is hereby made for further particulars.

4. Lawrence Ala, also one of the grantees named in said Deed, died on December 28th, 2010, in City of Yuma, State of Arizona, County of Yuma. I am Lawrence Ala's son.

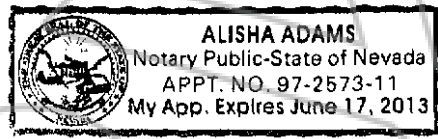
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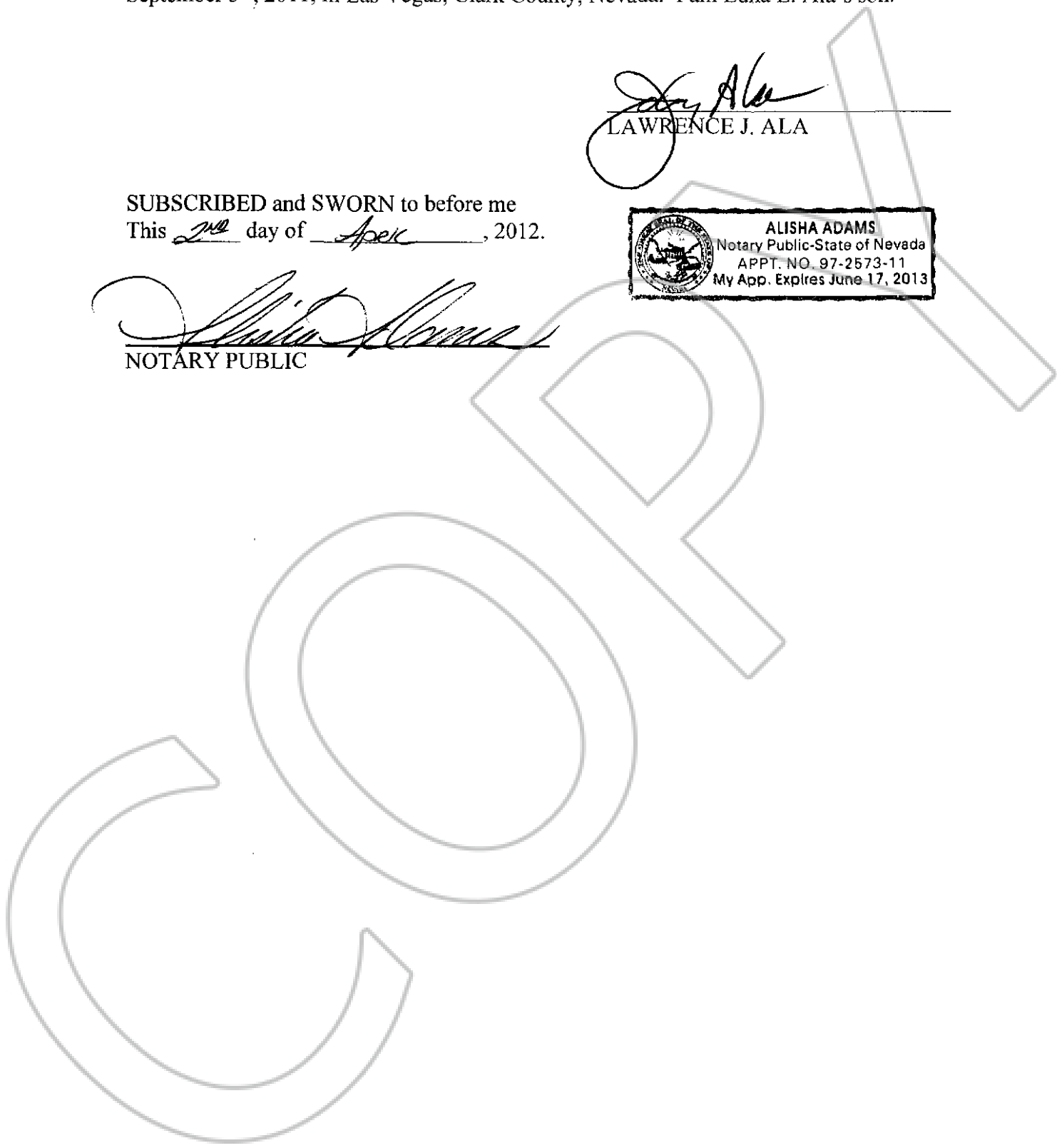
5. Edna L. Ala, also one of the grantees named in said Deed, died on September 3rd, 2011, in Las Vegas, Clark County, Nevada. I am Edna L. Ala's son.


LAWRENCE J. ALA

SUBSCRIBED and SWORN to before me
This 2nd day of April, 2012.




NOTARY PUBLIC





CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

STATE OF ARIZONA
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
 CERTIFICATE OF DEATH

State File NO. 102-2010-046165

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) LAWRENCE ALA			2. AKA'S (IF ANY)			3. DATE OF DEATH DECEMBER 28, 2010						
4. SEX MALE	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH 07-04-1920	7. AGE 90	8. MONTHS		9. DAYS		10. HOURS		11. MINUTES		
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER								
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) 1153 S FRANKLIN AVE					15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH YUMA 85364			16. COUNTY OF DEATH YUMA				
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) OPHIR, UTAH			18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) EDNA LUCILLE LEMON							
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS 1153 S FRANKLIN AVE,			21. CITY AND COUNTY YUMA, YUMA		22. STATE ARIZONA		23. ZIP CODE 85364		24. EVER IN THE ARMED FORCES YES			
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE				27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE						
28. OCCUPATION MINER			29. FATHER'S NAME (FIRST, MIDDLE, LAST) JOSEPH ALA			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) INEZ PHILIPPI						
31. INFORMANT'S NAME LAWRENCE JOHNNY ALA			32. RELATIONSHIP SON		33. INFORMANT'S MAILING ADDRESS 1555 EAGLE ST, SANTA MARIA, CALIFORNIA 93454							
34. NAME AND ADDRESS OF FUNERAL FACILITY JOHNSON MORTUARY AND DESERT LAWN MEMORIAL PARK 1415 FIRST AVENUE YUMA, AZ					35. FUNERAL DIRECTOR CHARLES P REEL JR., FUNERAL DIRECTOR			36. LICENSE NUMBER F0358				
37. METHOD(S) OF DISPOSITION REMOVAL/BURIAL		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY ODD FELLOWS CEMETERY, PIOCHE, NEVADA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY NONE							
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I												
IMMEDIATE CAUSE OF DEATH		40. A RESPIRATORY ARREST				41. APPROXIMATE INTERVAL UNKNOWN						
DUE TO OR AS A CONSEQUENCE OF		42. B RENAL FAILURE				43. APPROXIMATE INTERVAL UNKNOWN						
DUE TO OR AS A CONSEQUENCE OF:		44. C CORONARY ARTERY DISEASE				45. APPROXIMATE INTERVAL UNKNOWN						
DUE TO OR AS A CONSEQUENCE OF		46. D				47. APPROXIMATE INTERVAL						
CAUSE OF DEATH PART II												
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE					49. INJURY? NO		50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 9:05 AM	
					53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
CAUSE AND MANNER OF DEATH CERTIFICATION												
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated			55. NAME OF PERSON COMPLETING CAUSE OF DEATH RUBEN CORIANO, M.D.						56. DATE CERTIFIED 12-29-2010			
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated			57. CERTIFIER'S ADDRESS 682 S 4TH AVE YUMA, AZ 85364-3015						58. NAME OF REGISTRAR ANA P TRIGUEROS			
									59. DATE REGISTERED 01-03-2011			

Date Issued: 01-04-2011



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS- ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams
PATRICIA ADAMS
 ASSISTANT STATE REGISTRAR



This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT