DOC # 0141067

04/16/2012

10 53 AM

Official Record

Recording requested By DAHL & DEBRA BRADFIELD

Lincoln County - NV Leslie Boucher - Recorder

Fee \$15.00

Page 1 of 2 Recorded By: AE

Book- 271 Page- 0063



Death of Grantor Affidavit

Debra Bradfield, being duly sworn, deposes and says that Ernest Glenn Lee, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Ernest Glenn Lee named as the grantor or as one of the grantors in the deed recorded on January 27, 2011, in docket or book of official record 261, at page 575, or instrument number 103776, records of Lincoln County, Nevada, covering the following legal property:

State of Nevada County of Lincoln, Town of Panaca, Lot 63 of Sun Gold Manor. Assessor Parcel Number 2-103-08

Debra Bradfield, is the grantee or at least one of the grantees to whom the real property is conveyed upon the death of the grantor Ernest Glenn Lee or is the authorized representative of the grantee or at least one of the grantees.

apr. 12, 2012

SARAH SOMERS

MOTARY MINUC-STATE of MEMOA

Lincoln County • Neveral a

CERTIFICATE # 02-76138-11

APPT, EXP. JUNE 5, 2014

Debra Bradfield

Date

State of Nevada)
County of Lincoln)

On this 2th day of April, 2012, personally appeared before me, Debra Bradfield, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

NOTARY REPUBLIC

04/16/2012

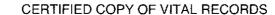
DEPARTMENT OF HEALTH AND HUMAN SERVICES **DIVISION OF HEALTH**

VITAL STATISTICS
CERTIFICATE OF DEATH 2012000013

TYPE OR .	STATE FILE NUMBER											
PRINT IN	1a DECEASED-NAME (FIRST MIDDLE, LAST, SUFFIX)						2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH					
PERMANENT BLACK INK	Emest Glenn LEE 3b. CITY, TOWN, OR LOCATION OF DEATH 3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give						January 01, 2012 Lincoln					
	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSF	PITAL OR OTHER Ser)	RINSTITUTION	-Name(If not eit	her, give stre	at 3e.if Hosp. inpatient(Si	or Inst. indic pecify)	ate DOA,OP/E	mer. Rm.	4 SEX	
DECEDENT	Panaca		€	40 Ronnow	Street Tra. AGE-Last	150		H	lome	TE OF DIOT	Male	
	5. RACE White (Specify)		6. Hispanic Origi No - Non-Hisp		birthday (Year	s) Mo	INDER 1 YEAR	HOURS	MINS 8. DA			
IF DEATH	9a. STATE OF BIRTH (If not U.S.)	ION CITIZEN C	E MHAT COUNT	OVIAN ENGLAT	TONI 11 MAPP	87	MARRIED WID	OWED I	2 SURVIVIN	May 27,		
OCCURRED IN	name country) Idaho	' I	F WHAT COUNTRY 10.EDUCATION 11 MARRIED, NEVER ed States 13 DIVORCED (Specify)									
INSTITUTION SEE HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	Energy Market di				14b. KIND OF BUSINESS OR INDUS						
COMPLETION OF			Even If Retired)	Mineral A		The same of		Mining		1	? Yes	
RESIDENCE ITEMS		5b. COUNTY	15c. CIT	Y, TOWN OR L			ET AND NUMBE	R		LIMITS	SIDE CITY (Specify Yes	
<u> </u>	Nevada	Lincoln		Рапас			now Street	a Middel I	and C. 48(a)	or No)	Yes	
PARENTS	16. FATHER/PARENT - NAME (First Middle Last Suffix) 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lester Eugene LEE Grace GENTRY											
	18a. INFORMANT- NAME (Type or Print) 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)								_			
	L Dean LEE 347 North 220 West Salem, Utah 84653								1			
DISPOSITION	19a BURIAL, CREMATION, REM	OVAL, OTHER (Speci	y) 19b. CEMETE			ton:	1 1	19c. LOCA	•		tate	
	1			1	naca Ceme	•		- C4 00 1704	Panac	a Nevada	\mathcal{L}	
	20s. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY 20b. FUNERAL 20c. NAME AND ADDRESS OF FACILITY											
	SIGNATURE AUTHENTICATED 807 730 Front Street Caliente NV 89008											
RADE CALL	TRADE CALL - NAME AND ADD	ESS			_ \							
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 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)											
CERTIFIER	33 96				OFFICE D	M UMIN	A /		SIGN/	TURE AUT	HENTICATED	
							IGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 18:05					
	OLD MANY OF ATTEMPTION OF ATTE						NOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DE				ID AT (Hour)	
	В (туро и типу						anuary 01, 2012 18:05					
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, 89043							ENSE NUMBI P033	ER			
	240 DECISTRAD (Signatura)								ATH DUE TO	DUE TO COMMUNICABLE DISEASE		
REGISTRAR		NICUL SIGNATURE A		T) ED	(Mo/Day/Yr)		y 05, 2012	4	YES	NO [
CAUSE OF	25. IMMEDIATE CAUSE	(ENTER ONLY ONE			ND (c).)	\	-		Inter	val between o	nset and death	
DEATH	PART Pancyptor				\	\			Yea	ars		
		A CONSEQUENCE O		ucina amaer b	lood cells and	lolatelets			:		nset and death	
CONDITIONS IF ANY WHICH	Immune deficiency due to Bone marrow not producing proper blood cells and platelets Years DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and											
GAVE RISE TO IMMEDIATE		3 A CONSEQUENCE (OF:						inter	vai between o	nset and death	
CAUSE -> STATING THE	DUE TO, OR AS	A CONSEQUENCE O)F		-				Inter	val between ö	nset and death	
UNDERLYING CAUSE LAST	(a)	1	1		/ /	*						
	SART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. 26. AUTOPSY 27. WAS CASE REFERRED											
/ /		100						(Sp	ecify Yes or N	or No)	Yes	
/ /	28a. ACC , SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	28b. DATE OF INJURY (I	Mo/Day/Yr)	28c HOUR OF INJ	URY 28d DE	SCRIBE HOW	NJURY OCCURRE	Œ.			117 818-9	
			507 141		.# ^^ -	OCATION	STREET OF	BED No	CITY OR	TOMM	STATE	
	28e INJURY AT WORK (Specify Yes or No)	28f PLACE OF INJU building, etc. (Specify		n, sireet, ractory	, omice 128g. L	OCATION	SIREELUH	K.P.U. ND.	CITTOR	1 O AAIA	SIAIE	
ω===	1		76		ŀ							

STATE REGISTRAR

VRS-Rev-20110104



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: 01/05/2012

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

