

Official Record

Recording requested By  
DAHL & DEBRA BRADFELD

Lincoln County - NV  
Leslie Boucher - Recorder

Fee \$15.00 Page 1 of 2  
RPTT Recorded By: AE  
Book- 271 Page- 0063



0141067

### 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.

*Debra Bradfield Apr. 12, 2012*

Debra Bradfield

Date

State of Nevada )  
County of Lincoln )

On this 12<sup>th</sup> 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.

*[Signature]*

NOTARY PUBLIC



2012000013 STATE FILE NUMBER

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

TYPE OR PRINT IN INSTITUTION 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

Form with fields for 1a. DECEASED-NAME, 2. DATE OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 5. RACE, 6. Hispanic Origin, 7a. AGE, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION

STATE REGISTRAR

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: 01/05/2012

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

R. D. White STATE REGISTRAR SIGNATURE AUTHENTICATED

