

Official Record

Recording requested By
RONALD J. BARNETT

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$41.00

Page 1 of 3

RPTT:

Recorded By: LB

Book- 273 Page- 0171



0141756

APN 003-143-13

APN _____

APN _____

Affidavit - 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 of any person or persons. 9Per 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 of a person or persons as required by law:

(State specific law)

Ronald J. Barnett
Signature Title

Ronald J. Barnett
Signature

6/08/12
Date

Grantees address and mail tax statement:

Ronald J. Barnett
5140 W. Nellis Ct.
Visalia, CA 93277



RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO:

Name
 Street
 Address
 City &
 State
 Zip

Ronald J. Barnett
 5140 W. Nellis Ct.
 Visalia, CA 93277

Title Order No. Escrow No.

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Affidavit – Death of Joint Tenant

STATE OF NEVADA,

Assessor's Parcel Number: 003-143-13

County of Lincoln

Ronald J. Barnett, of legal age, being first duly sworn, deposes, and says:

That Heber John Barnett, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Heber John Barnett named as one of the parties in that certain Joint Tenancy Deed dated October 14, 1986, executed by Heber John Barnett to Heber John Barnett, Eileen Barnett and Ronald J. Barnett, as joint tenants, recorded as instrument No. 85763, on October 14, 1986, in book 72, pages 410 and 411, of Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Caliente, County of Lincoln, State of Nevada:

All of Lot numbered Eighteen (18) in Block "A" of the West End Addition to the City of Caliente, Lincoln County, Nevada, as said lot and block are delineated on the official plat of said West End Addition to the City of Caliente, now on file and of record in the office of the County Recorder of Said Lincoln County, Nevada, and to which plat reference is hereby made for further description.

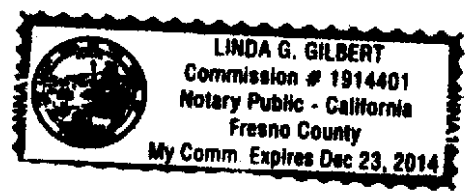
State of California, County of Fresno

Ronald J. Barnett

Subscribed and sworn to (or affirmed) before me on this 8th day of June, 2012, by Ronald J. Barnett, proved to me on the basis of satisfactory evidence to be the person who appeared before me

Date: *6/8/12*
Linda G. Gilbert
 Signature

Linda G. Gilbert Notary Public
 Name Typed or Printed



FOR NOTARY SEAL OR STAMP



DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS
STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

2 of 2

TYPE OF PRINT IN PERMANENT INK

IDENT

IF DEATH OCCURRED IN INSTITUTION, HANDBOOK REGARDING FILLING OF CERTIFICATE ITEMS

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SE OF BATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Heber John Barnett		2. February 2, 2005	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Caliente		3a. Lincoln	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. Indicate DOA, OP/Emer. (Specify)	
3c. Grover C. Dils Hospital		3d. Emergency Room	
SEX		DATE OF BIRTH (Mo., Day, Yr.)	
4. Male		8. 08-13-24	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		AGE—Last Birthday (Years)	
5. White		7a. 80	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		UNDER 1 YEAR MOS : DAYS	
6.		7b.	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Utah		5b. USA	
Decedent's Education. Specify Highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	
10. 12		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		SOCIAL SECURITY NUMBER	
12. Alice Marie Bradshaw		13.	
USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired)		KIND OF BUSINESS OR INDUSTRY	
14a. Manager		14b. Grocery	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Caliente	
COUNTY		STREET AND NUMBER	
15b. Lincoln		15d. 830 A St.	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last	
15e. Yes		16. James Barnett	
MOTHER—MAIDEN NAME First Middle Last		17. Clara Olivia Bunderson	
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
18a. Marie Barnett		18b. P.O. Box 304, Caliente, Nevada 89008	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Tooele City Cemetery	
LOCATION City or Town State		19c. Tooele, Utah	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting in Such)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. [Signature]		20b. [Number]	
NAME AND ADDRESS OF FACILITY		20c. Wiscombe Funeral Home, P.O. Box 747, Caliente, NV	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) R. William Katschke, M.D.		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) and manner stated. (Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 02-07-05		21c. 1045	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22c. PRONOUNCED DEAD (Hour)	
22d. Orl		22e. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. R. William Katschke, M.D.; P.O. Box 1010 Caliente, Nevada 89008		23b. 10509	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. 02-07-05	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Cardio-Pulmonary Failure DUE TO, OR AS A CONSEQUENCE OF:		: Immediate	
: Interval between onset and death		: Years	
(b) Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF:		: Interval between onset and death	
(c)		: Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		26. AUTOPSY (Specify Yes or No)	
Diabetes; Hypertension		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
26. No		27. No	
ACC., SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
29a.		28f.	
LOCATION		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No. 269876

50261

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:

FEB 22 2005

STATE REGISTRAR

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

