



0141836

APN 008-111-03

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)

X 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 40.525(5) § 111.365
(State specific law)

Beuford Sanders
Signature Title

Beuford Sanders
Print

7/31/12
Date

Grantees address and mail tax statement:

Beuford Sanders
P.O. Box 846
Caliente NV 89008



APN: 008-111-03

When recorded mail to:

Beuford Sanders
P.O. Box 846
Caliente, Nevada 89008

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Beuford Sanders 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 Beuford Sanders, a tenant in common owning 50% of the below described property along with Rex and Norma Jean Lawson, who owned their 50% interest in the below described property as joint tenants. Rex Lawson was one of the grantees named in that certain Deed recorded as Document number 114903 in Book 149 Page 438 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-entitle Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

A parcel of land in NE 1/4 of SW 1/4 , of Section 7, T7S, R67E, MDB&M, Lincoln County, Nevada;

Beginning at a point from which the Southwest corner of said Section 7 Bears S.47°44'33" W. a distance of 2427.97 feet; thence running N, 39°04'25" W., a distance of 203.75 feet; thence S. 49°09'55" W., a distance of 283.69 feet; more or less to the Union Pacific right-of-way fence; thence along said fence and right-of way S. 55°14'49" E., a distance 167.60 feet; thence along said right-of-way property N. 36°02'33" E., a distance of 91.40 feet; thence along said right-of-way S. 60°36'07" E., a distance of 69.77 feet; thence N. 42°30'09" E., a distance of 123.16 feet, more or less to the point of beginning.



4. Rex Lee Lawson, aka Rex Lawson, also one of the grantees named in said Deed, died on September 17, 2011, in Las Vegas, Clark County, Nevada.

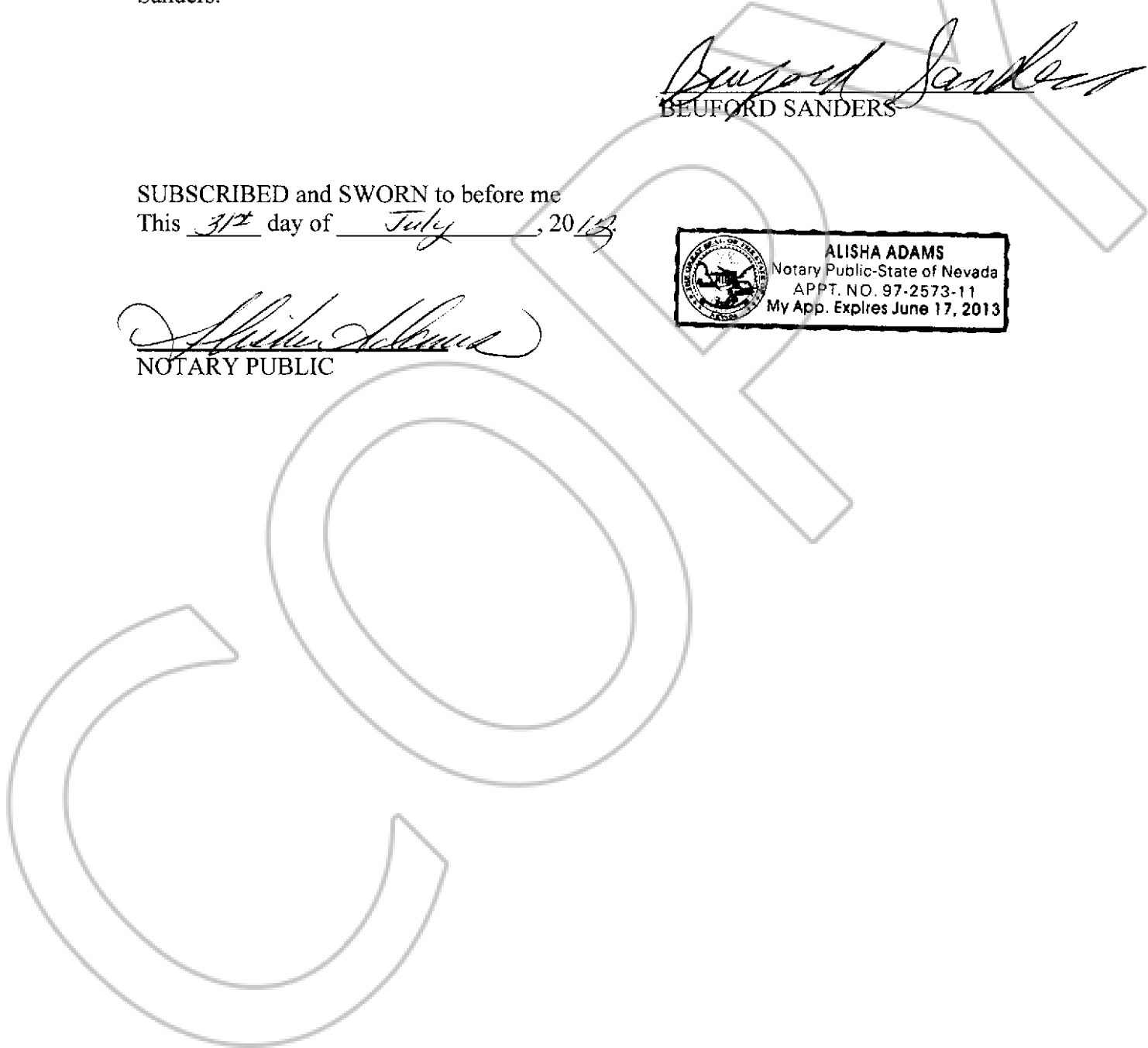
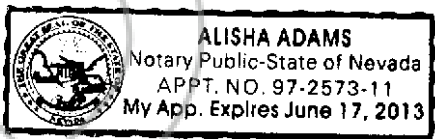
5. Norma Jean Lawson is also one of the grantees named in the said Deed and she the surviving wife of Rex Lee Lawson, aka Rex Lawson.

6. Norma Jean Lawson has executed a quitclaim deed for the above described property transferring any and all interest in the said property to me, Beuford Sanders.

Beuford Sanders
BEUFORD SANDERS

SUBSCRIBED and SWORN to before me
This 31st day of July, 2012

Alisha Adams
NOTARY PUBLIC





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

2011014959
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT 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

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Rex Lee LAWSON		2. DATE OF DEATH (Mo/Day/Year) September 17, 2011		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) ST Joseph Transitional Rehab Ctr		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Residential Care Facility	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) January 04, 1929	
9a. STATE OF BIRTH (if not U.S.A., name country) Indiana		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 9	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Norma DENSON			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Painter		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2035 W. Charleston Blvd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Alvin P HOOVEY LAWSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nellie DAVIS		
18a. INFORMANT- NAME (Type or Print) Denice BROWN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 60 Pioche, Nevada 89043			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD C BOBO <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 252		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <i>SIGNATURE AUTHENTICATED</i> MARIA ARRASTIA MD					
21b. DATE SIGNED (Mo/Day/Yr) September 27, 2011		21c. HOUR OF DEATH 19:41		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
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) MARIA ARRASTIA MD 3675 Pecos McLeod Las Vegas, NV 89121				23b. LICENSE NUMBER 11227	
24a. REGISTRAR (Signature) NINETTE HARRINGTON <i>SIGNATURE AUTHENTICATED</i>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 27, 2011		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) Respiratory arrest					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) End stage congestive heart failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Chronic kidney disease					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
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) No	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
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

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: 11/10/2011

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

R. D. White
 STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rcv-20110104

