

Official Record

Recording requested By
DYLAN FREHNER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3

RPTT

Recorded By AE

Book- 274

Page-

0520

APN 023-174-14

APN _____

APN _____



0142080

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 40.535(5) & III. 365
(State specific law)

Lisa K. Revell
Signature Title

Lisa K. Revell
Print

10/10/12
Date

Grantees address and mail tax statement:

Lisa K. Revell
P. O. Box 831
Carlin Nevada 89408



APN: 003-174-16

When recorded mail to:
Lisa K. Revell
P.O. Box 831
Caliente, Nevada 89008

AFFIDAVIT
OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Lisa K. Revell hereby swears under penalty of perjury, that the following assertions are true of her 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 Lisa K. Revell, the same person named as Lisa K. Revell, one of the grantees as joint tenants with right of survivorship named in that certain Deed recorded as Document number 0136635 in Book 259 Pages 209-210 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 is known as 170 Culverwell Street, Caliente, Lincoln County, Nevada, and is more specifically described as follows:

LOTS Two (2), Three (3) and Four (4) in block (2) of the modern townsite addition to the city of Caliente, Nevada, as shown by map thereof recorded February 5, 1931 in book A of Plats, Page 64 as file no. 7324 in the office of the County Recorder of Lincoln County, Nevada.

4. William R. Revell, also one of the grantees named in said Deed, is the identical William R. Revell, named as decedent in that certain Certificate of Death, a certified copy of which is annexed hereto and made a part hereof. I am William R. Revell's wife.

5. As recited in the above-described Certificate of Death, William R. Revell died on September 10, 2012, in Caliente, Lincoln County, Nevada.

Lisa K. Revell
LISA K. REVELL

SUBSCRIBED and SWORN to before me
This 10th day of October, 2012.

[Signature]
NOTARY PUBLIC



STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

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

2012014452 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

Form with fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William Russell REVELL; 2. DATE OF DEATH (Mo/Day/Year) September 10, 2012; 3a. COUNTY OF DEATH Lincoln; 3b. CITY, TOWN, OR LOCATION OF DEATH Caliente; 3c. HOSPITAL OR OTHER INSTITUTION -Name... 170 Culverwell Street; 4. SEX Male; 5. RACE White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 84; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH (Mo/Day/Yr) May 10, 1928; 9a. STATE OF BIRTH (If not U.S.A., name country) Texas; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 14; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (if wife, give maiden name) Lisa Kaye ALBRECHTSEN; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Cssh; 14b. KIND OF BUSINESS OR INDUSTRY Us Navy; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Lincoln; 15c. CITY, TOWN OR LOCATION Caliente; 15d. STREET AND NUMBER 170 Culverwell Street; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) William Russell REVELL; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ethel Williams TAYLOR; 18a. INFORMANT - NAME (Type or Print) Lisa Kaye REVELL; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 631 Caliente, Nevada 89008; 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 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) TODD BOYER SIGNATURE AUTHENTICATED; 20b. FUNERAL DIRECTOR LICENSE 807; 20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) TIM UMINA SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) September 12, 2012; 21c. HOUR OF DEATH 06:01; 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. (Signature & Title) TIM UMINA SIGNATURE AUTHENTICATED; 22b. DATE SIGNED (Mo/Day/Yr) September 12, 2012; 22c. HOUR OF DEATH 06:01; 22d. PRONOUNCED DEAD (Mo/Day/Yr) September 10, 2012; 22e. PRONOUNCED DEAD AT (Hour) 06:01; 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043; 23b. LICENSE NUMBER P033; 24a. REGISTRAR (Signature) NICOLE SHORE SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 12, 2012; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES [] NO [X]; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Congestive Heart Failure; (b) Arteriosclerotic Heart Disease; (c) Chronic Obstructive Pulmonary Disease; (d) High Blood Pressure; PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Osteoporosis; 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: 09/14/2012

Signature of State Registrar: R. D. White, SIGNATURE AUTHENTICATED

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

