

Official Record

Recording requested By  
DYLAN V. FREHNER

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: LB

Book- 275 Page- 0365



0142252

APN 002-270-04

APN 002-270-05

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)

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 40.5225(5) & 111.365  
(State specific law)

[Signature]  
Signature Title

Dylan V. Frehner  
Print

12/3/2012  
Date

Grantees address and mail tax statement:

Tennar Wilkins  
54 9th Avenue Apt 2  
San Mateo, California



APN: 002-270-04  
002-270-05

When recorded mail to:

Jenna Wilkin  
54 9<sup>th</sup> Avenue, Apt. 2  
San Mateo, California 94401

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada )  
 )ss  
County of Lincoln )

Jenna Wilkin 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 Jenna Wilkin, a daughter of Joseph Delbert Wilkin and Susanne Birthe Wilkin. Joseph Delbert Wilkin and Susanne Birthe Wilkin are the grantees named as joint tenants in the certain Deed recorded on December 2, 1991, as Document number 097852 in Book 99 Pages 565-566 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 includes parcels identified as APN Number 002-270-04 and APN Number 002-270-05, and is more specifically described as follows:

Real Property  
APN #002-270-04, and further described as:  
Parcel 3 of Parcel Map for JOSEPH D. WILKIN & SUSANNE C. WILKIN, recorded in the office of the County Recorder of Lincoln County, on January 13, 1997, as Document No. 107935 and found in Plat Book B, page 18. Located in Section 8 and 9, Township 2 South, Range 68 East, M.D.M., Town of Panaca, Lincoln County, Nevada.

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Real Property

APN #002-270-05, and further described as:  
Parcel 4 of Parcel Map for JOSEPH D. WILKIN & SUSANNE C. WILKIN, recorded in the office of the County Recorder of Lincoln County, on January 13, 1997, as Document No. 107935 and found in Plat Book B, page 18. Located in Section 8, Township 2 South, Range 68 East, M.D.M., Town of Panaca, Lincoln County, Nevada.

4. Joseph Delbert Wilkin, one of the grantees named as joint tenants in said Deed, died on February 5, 1997, in City of Caliente, State of Nevada, County of Lincoln. I am Joseph Delbert Wilkin's daughter.

5. Susanne Birthe Wilkin, also one of the grantees named as joint tenants in said Deed, survived Joseph Delbert Wilkin and died on December 2, 1998, in Panaca, Lincoln County, Nevada. I am Susanne Birthe Wilkin's daughter.

Jenna Wilkin  
JENNA WILKIN

SUBSCRIBED and SWORN to before me  
This 27 day of November, 2012.

MARIA G. DWYER  
NOTARY PUBLIC





**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

State of California

County of SAN MATEO

On 11-27-2012  
Date

before me,

MARIA G. DWYER  
Here Insert Name and Title of the Officer

personally appeared

JENNA WILKIN  
Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature MARIA G. DWYER  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: AFFIDAVIT OF DEATH OF JOINT TENANT

Document Date: 11-27-2012

Number of Pages: 3 INCLUDING ACKNOWLEDGMENT PAGE

Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: JENNA WILKIN

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_



Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney in Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer is Representing: \_\_\_\_\_





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

97 001506

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

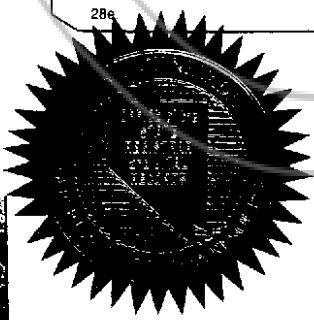
DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last 1. Joseph Delbert WILKIN		DATE OF DEATH (Month, Day, Year) 2. February 5, 1997	
CITY, TOWN, OR LOCATION OF DEATH 3b. Caliente		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number) 3c. Grover C. Dils Medical Center	
RACE—(e.g., White, Black, American Indian, etc) (Specify) 5. White		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. 6.	
AGE—Last Birthday (Years) 7a. 62		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	
STATE OF BIRTH (If not U.S.A., name country) 9a. Nevada		CITIZEN OF WHAT COUNTRY 9b. U.S.A.	
SOCIAL SECURITY NUMBER 13. [REDACTED]		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) 14a. Medical Doctor	
RESIDENCE—STATE 15a. Nevada		COUNTY 15b. Lincoln	
FATHER—NAME First Middle Last 16. Robert David Wilkin		MOTHER—MAIDEN NAME First Middle Last 17. Della White	
INFORMANT—NAME (Type or Print) 18a. Betina McCrosky		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18b. P.O. Box 181 Pioche, Nevada 89043	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—NAME 19b. Pioche Cemetery	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting As Such) 20a. [Signature]		FUNERAL DIRECTOR LICENSE NUMBER 20b. 15	
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) [Signature] DATE SIGNED (Mo., Day, Yr.) 21b. 2-7-97		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) [Signature] DATE SIGNED (Mo., Day, Yr.) 22b. [REDACTED]	
21c. HOUR OF DEATH 21c. 1250		22c. HOUR OF DEATH 22c. [REDACTED]	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 21d. Earl Plunkett, M.D.; P.O. Box 30 Caliente, Nevada 89008		22d. ON 22d. AT	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER 23b. 4798	
REGISTRAR 24a. (Signature) [Signature]		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 24b. 2-7-97	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART I (a) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : Immediate	
(b) Liver Failure DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : Days	
(c) Metastatic Cancer DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death : Years	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No) 26. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 28a.		DATE OF INJURY (Mo., Day, Yr.) 28b.	
INJURY AT WORK (Specify Yes or No) 28a.		HOUR OF INJURY 28c. M	
PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 28f.		DESCRIBE HOW INJURY OCCURRED 28d.	
28e.		LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE 28g.	



STATE REGISTRAR No. 103587  
Birth Cert. #34-552

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: SEP 23 1997

[Signature]  
BOOK 134 PAGE 296  
State Registrar