

Official Record

Recording requested By
WILLIAM A. COX

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 278 Page- 0349

APN: 02-162-01

Affidavit – Death of Joint Tenant



State of Nevada)

County of Lincoln)

William A. Cox, of legal age, being first duly sworn, deposes and says: That Joyce Marie Cox, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Joyce L. Cox named as one of the parties in that certain Grant, Bargain, & Sale Deed dated 20 May 1997, executed by Ruby Logan to William A. Cox and Joyce L. Cox, as joint tenants, recorded as Instrument No. 109175, on 3 July 1997, in book 128, page 514, of Official Records of * County, Nevada, covering the following described property situated in the Town of Panaca County of N State of Nevada:
*Lincoln

Legal Description: A portion of Lot 1 in Block 55 in the Town of Panaca, County of Lincoln, State of Nevada as shown on the official Map thereof recorded in the Book of Plats, page 34, Lincoln county, Nevada records, more particularly described as follows:

Parcel 3 of that certain parcel map recorded May 27, 1997 in the office of the County Recorder of Lincoln County, Nevada in Book B of Plats pg 40 as File No. 109028, Lincoln County Nevada Records

ASSESSOR'S PARCEL NUMBER FOR 1996-1997: 02-162-01 (Ptn)

Signature: William A Cox

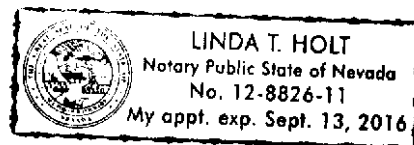
Dated: 7-5-13

SUBSCRIBED AND SWORN TO before me:

This 7 day of May, 2013

By: William A. Cox
Name of person making statement.

Signature Linda T Holt
Notarial Officer





0143079

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Page 2 of 3

Recording Requested By

William A. Cox

Mail Tax Statements to:

Name: William A. Cox

Address: PO Box 705

City, State Zip Panaca, NV. 89042

COPY



NEVADA

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

2011010251

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) Joyce Marie COX		2. DATE OF DEATH (Mo/Day/Year) July 02, 2011		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Panaca		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 12 South 6th Street		3a. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 56		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) June 03, 1955		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) William Alvin COX	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Cook		14b. KIND OF BUSINESS OR INDUSTRY Youth Detention	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 12 South 6th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Danvers LEE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Norma Dawn ADAIR		
18a. INFORMANT- NAME (Type or Print) Kerry LEE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 534 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS					
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 <i>SIGNATURE AUTHENTICATED</i>			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 <i>SIGNATURE AUTHENTICATED</i>		
21b. DATE SIGNED (Mo/Day/Yr) July 02, 2011		21c. HOUR OF DEATH 06:26		22b. DATE SIGNED (Mo/Day/Yr) July 02, 2011	
22c. HOUR OF DEATH 06:26		22d. PRONOUNCED DEAD (Mo/Day/Yr) July 02, 2011		22e. PRONOUNCED DEAD AT (Hour) 06:26	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 06, 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				Interval between onset and death	
(a) Hypertensive Cardio Vascular Disease				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Hypertension				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Diabetes Mellitus				Years	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Years	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Bariatric Surgery stomach reduction June 29, 2011				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: **07/12/2011**

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

[Signature]
STATE REGISTRAR
SIGNATURE AUTHENTICATED

VRS-Rev-20110104

