

Official Record

Recording requested By
VERNA B. PRICE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: DP
Book- 280 Page- 0125



0143627

APN 002-101-01

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)

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 40.5-25(5) & 111.365
(State specific law)

Verna B Price
Signature Title

VERNA PRICE
Print

6-27-13
Date

Grantees address and mail tax statement:

Verna B. Price
P.O. Box 165
PARADISE, NV 89042



APN: 002-101-01

When recorded mail to:

Verna B. Price
P.O. Box 165
Panaca, Nevada 89042

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Verna B. Price 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 Verna B. Price, the same person named as Verna B. Price, one of the grantees as joint tenants named in that certain Deed recorded as Document number 48484 in Book N-1 of Real Estate Deeds, Page 463, 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 249 North 6th St., Panaca, Lincoln County, Nevada, and more specifically described as follows:

Lot One (1) in Sun Gold Manor Unit No. 1, plat of which was recorded September 30, 1952, as Document No. 27842, in the Office of the County Recorder of Lincoln County, Nevada, and further transferring all of their right, title and interest in and to any impound account relating to the said property.

Subject to any and all encumbrances of record, including encumbrance to Federal National Mortgage Association and rights of way, easements and restrictions of record.

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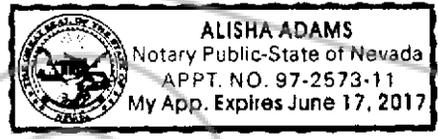


4. Sherell A. Price, also one of the grantees named in said Deed, is the identical Sherell Adelbert Price, who died on October 8, 2009, in Las Vegas, Clark County, State of Nevada. I am Verna B. Price the widow of Sherell A. Price

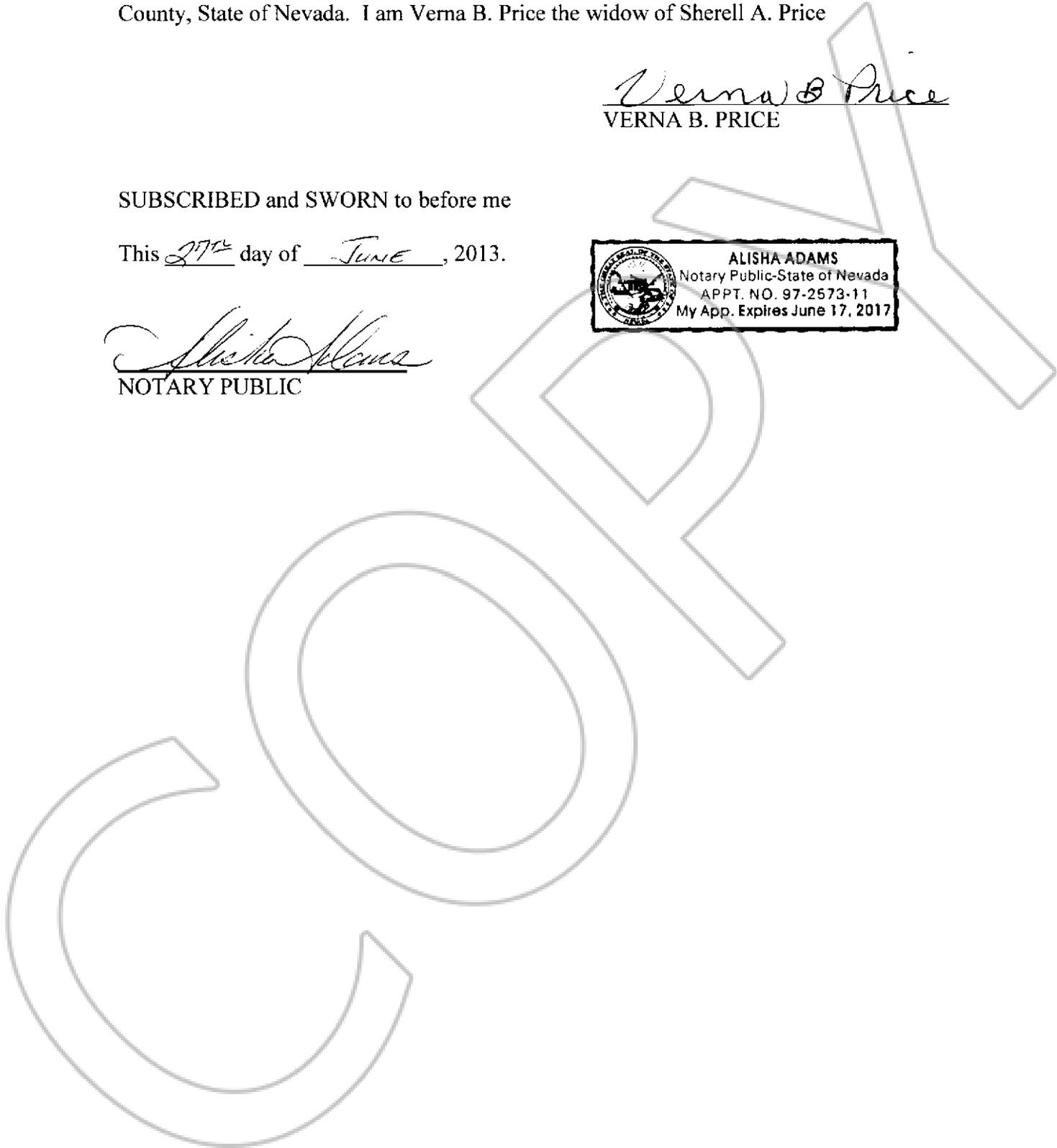
Verna B Price
VERNA B. PRICE

SUBSCRIBED and SWORN to before me

This 27th day of JUNE, 2013.



Alisha Adams
NOTARY PUBLIC





0143627

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2009014759

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) Sherell Adelbert PRICE		2. DATE OF DEATH (Mo/Day/Year) October 08, 2009		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) Nathan Adelson Hospice NW		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 18, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Utah		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) Verna BLAUER	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Self Employed		14b. KIND OF BUSINESS OR INDUSTRY Barber Shop	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 249 North 6th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Mason Adelbert PRICE	
17. MOTHER - NAME (First Middle Last Suffix) Reion HUNT		18a. INFORMANT- NAME (Type or Print) Verna PRICE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 249 North 6th Street 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) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101	
TRADE CALL - NAME AND ADDRESS 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) STEWART STEIN 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) stated. (Signature & Title)			
21b. DATE SIGNED (Mo/Day/Yr) October 13, 2009		21c. HOUR OF DEATH 06:10		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Stewart Stein M.D. 3391 North Buffalo Las Vegas, NV 89129		23b. LICENSE NUMBER 10312	
24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 13, 2009		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) Metastatic colon cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____		Interval between onset and death Years		Interval between onset and death	
PART II Hypertension and diabetes		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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA."

This copy was issued by the Southern Nevada Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.175.

NOT VALID WITHOUT THE RAISED SEAL OF THE SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued: **OCT 15 2009**