

APN: 002-211-03

**Recording Requested by:**  
**MICHAELSON & ASSOCIATES, LTD.**  
**AND WHEN RECORDED MAIL THIS TO**  
Michaelson & Associates, Ltd.  
5854 South Pecos Road, Suite 100  
Las Vegas, Nevada 89120



**Mail Tax Statements to:**  
Michael and Janelle Kreimeyer  
225 Lynbrook St  
Henderson, NV 89012

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF CLARK         )

Michael F. Kreimeyer, being first duly sworn, deposes and says:

1. That affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.
2. That affiant is Michael F. Kreimeyer, the person named as one of the joint tenants named in that certain Warranty Deed recorded as Instrument No. 64624, Book No. 30, page 502, on July 2, 1979, of Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, and which property is known and described as follows, to wit:

Property Legal Description Hereto and by Reference Made a Part Hereof:

THE NORTH HALF OF THE NORTHEAST QUARTER (N/2 NE/4) OF LOT TWO (2),  
BLOCK TWENTY-EIGHT (28) IN THE TOWN OF PANACA, COUNTY OF LINCOLN,  
STATE OF NEVADA, TOGETHER WITH ANY AND ALL IMPROVEMENTS SITUATE  
THEREON.

Affiant's Address:

3. That Orville F. Kreimeyer, Father of the Affiant, was one of the joint tenants named in said Warranty Deed and was the identical person named as Orville F. Kreimeyer, decedent in that certain Death Certificate, Exhibit "A", certified Copy of which is annexed hereto and made a part hereof, which person died on the 26<sup>th</sup> day of May, 1994, in the City of Ely, County of White Pine, State of Nevada.



WITNESS my hand on May 21, 2013, in the City of Las Vegas, County of Clark, State of Nevada.

AFFIANT:

Michael F. Kreimeyer  
Michael F. Kreimeyer

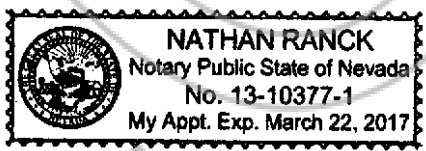
**NOTARY SUBSCRIPTION**

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF CLARK         )

On this day of May 21, 2013, before me, the undersigned Notary, personally appeared Michael F. Kreimeyer, Affiants, who is personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.

NOTARY SEAL:

[Signature]  
Notary Public, State of Nevada



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

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

94 005245

#52-94

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

Main form containing fields for DECEASED-NAME, DATE OF DEATH, RACE, STATE OF BIRTH, SOCIAL SECURITY NUMBER, RESIDENCE, FATHER, MOTHER, MAILING ADDRESS, BURIAL, FUNERAL DIRECTOR, CERTIFIER, IMMEDIATE CAUSE, and INJURY AT WORK.

CERTIFIED COPY OF VITAL RECORDS

No. 065368

This is a true and exact reproduction of the document office of the REGISTRAR placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

JUN 17 2013

Signature of Registrar

STATE REGISTRAR

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

