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

DOC # 0143662 07/08/2013 03:46 PM Official Record Recording requested By MICHAELSON & ASSOCIATES, LTD. Lincoln County - NV Leslie Boucher - Recorder Fee: \$16.00 Page 1 of 3 RPTT: Recorded By: AE Book-280 Page- 0256

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 26th 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

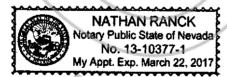
NOTARY SUBSCRIPTION

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:

Notary Public, State of Nevada



OF VITAL RECORD

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

	#52-94		CERTIFICATE OF	DEATH	1 94	005245
TYPE	LOCAL FILE NUMBER				ST ST	TATE FILE NUMBER
OR PRINT IN	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Mont		COUNTY OF DEATH
PERMANENT BLACK INK	Orville	Fredrick	KREIMEYER RINSTITUTION—Name (If not either, g	² May 26,		3a White Pine
	36. Ely			186	osp. or Inst. indicate DOA, C Inpatient (Specify)	Black of the second
DECEDENT	•		Pine Care Center	— Last UNDER 1 YEAR	Inpatient	φ 4 Male
	RACE(e.g., White, Black, American V Indian, etc) (Specify) s 5 White 6		gin? Specify □ yes □ no If yes, AGE o Alican, etc. AGE Birth 7a.	day (Years) MOS - DAYS	HOUAS MINS	TE OF BIRTH (Mo., Day, Yr.)
UF DEATH	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUNTY	Y Decedent's Education, Specify			June 10, 1921 NG SPOUSE (If write, give maiden name
COCURRED IN INSTITUTION SEE HANDBOOK	_{9a} Nebraska	₉₆ USA	grade completed.	(Specify) Marr:	ied 12 1	Mary Harris
REGARDING COMPLETION OF	SOCIAL SECURITY NUMBER	Working Life, Even if Retir	va Kind of Work Done During Most of ed)	349 KIND OF BUSINESS	OR INDUSTRY	
RESIDENCE ITEMS.	RESIDENCE—STATE COUN		CITY, TOWN, OR LOCATION	146 Nevac	da Test Site	INSIDE CITY LIMITS
حا	15a Nevada 15b.	Lincoln	15c Panaca		1 & Phillips	(Specify Yes or No)
9 //	FATHER NAME First	Middle		MAIDEN NAME First	Middle	15e Yes
PARENTS	16. John	August K	reimeyer 17	Ella	Katherin	ne Siedenburg
	INFORMANT—NAME (Type or Print)	•	MAILING ADDRESS		lo., City or Town, State, Zip)	
	18a. Mary Kreimeye:		18b. PO Box	434 Panac	a, Nevada 89	9042
	BURIAL, CREMATION, REMOVAL, OTHE		RY OR CREMATORY—NAME	LO	CATION City or To	own State
DISPOSITION	19a Burial	196. CC	naway Memorial V	eterans Cem, 🦡	Caliente, M	levada
	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)	LICENSE	DIRECTOR NAME AND LODRESS		-Bates Mort	Jary /9
	20a.	20ь. 1	1 20c/450 Mil	1 Street-PO Bo	x 367 Ely	, Nevada 89301
	Z1a. To the best of my browledge, due to the cause(s) stated. (Signature and Title) DATE SIGNED (No. Day, Y)	deal recovered tine time, da	te apopiece and	at the time, date and	place and due to the cause	, in my opinion death occurred (e) and manner stated.
	(Signature and Title) DATE SIGNED (Mo.: Day, y)	HOUR OF DE	ATTE	Signature and Title)	YO) HOUR OF	DEATH
:	EG 21b. 6	210.	7:55 P.M.	0. s E. 226.	22c.	DEATH
CERTIFIER	NAME OF ATTENDING PHYSIC			PRONOUNCED DEAD (M		NCED DEAD (Hour)
	210			224 04		
die i	NAME AND ADDRESS OF CE		DING PHYSICIAN, MEDICAL EXAMIN	ER, OR CORONER). (Type or P	int.) 22e. AT	LICENSE NUMBER
	23a Timothy McH	lugh, M.D. 1	500 Avenue F Ely Date Received By	Nevada 893	01 :	236. 6273
CONDITIONS	REGISTRAR	0 000	DATE RECEIVED BY	REGISTRAR (Mo., Cay, Yr.) D	EATH DUE TO COMMUNIC	ABLE DISEASE
CONDITIONS IF ANY WHICH GAVE RISE TO	24a. (Signature)	the Kobis	low 246. June	6, 1994 ²	4c. YES ☐ NO 🔏	
RISE TO IMMEDIATE CAUSE	I was to the second of the sec	LY ONE CAUSE PER LINE F			ln .	iterval between onset and death
STATING THE UNDERLYING CAUSE LAST	PART (a) Cerebrovaso	ular acciden	t i	<u> </u>		
- CAUSE DASI	1.5 7 1.6 5.5				on the second se	iterval between onset and death
└ →	(b) Cardiomyopa DUE TO, OR AS A CONSE	OUENCE OF		<u> 1 - 12 - 12 - 14 - 14 - 1</u>		
	L + 327 M	1 %	monary disease			terval between onset and death
CAUSE OF	OTHER SIGNIFICANT COMOUTI	ONS—Conditions contributing	to death but not resulting in the underly	ing cause given in Part I. AUT	OPSY (Specify WA	S CASE REFERRED TO
DEATH	PART	进入计		Dr. Dr. Call Av.		HONER (Specify Yes or No)
1	ACC., SUICIDE, HOM., UNDET., DATE CO	DE INJURY (Mo., Day, Yr.) HO	JR OF INJURY DESCRIBE HO	OW INJURY OCCURRED		
<u>`</u>	(Specify) 28b.	2Bc				
	HUJURY AT WORK PLACE (Specify Yes or No)	OF INJURY At home, farm, s building, etc. (Sp	treet, factory, office LOCATION.	STREET OR R.F.D. N	lo CITY OR TO	OWN STATE
P :	28e 23f		28g.	13. <u> </u>		
• :				a swa ga zg.	NIL TO	0000

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document office was recorded to the control of the state Registrar and Vital Records.

DATE ISSUED:

JUN 1 7 2013

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