

APN: 002-211-02

**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 Northwest quarter (NW1/4) of Lot two(2) in block twenty-eight (28) in the town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements situate there-on.

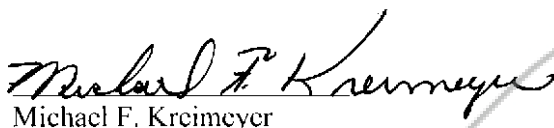
Affiant's Address:

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

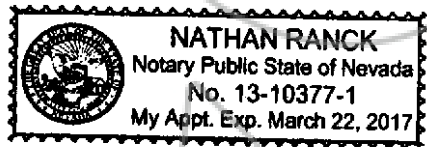
**NOTARY SUBSCRIPTION**

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



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

#52-94

94 005245

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

CAUSE OF DEATH

|  |  |   |  |
|--|--|---|--|
| LOCAL FILE NUMBER<br>#52-94  |  | STATE FILE NUMBER<br>94 005245  |  |
| 1. DECEASED—NAME<br>Orville Fredrick KREIMEYER   |  |   | 2. DATE OF DEATH (Month, Day, Year)<br>May 26, 1994  |
| 3a. CITY, TOWN, OR LOCATION OF DEATH<br>Ely  |  |   | 3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)<br>White Pine Care Center |
| 3c. RACE—(e.g., White, Black, American Indian, etc) (Specify)<br>White   |  |   | 3d. SEX<br>Male  |
| 5. RACE—(e.g., White, Black, American Indian, etc) (Specify)<br>White  |  | 6. Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc. | 7. AGE—Last Birthday (Years)<br>72   |
| 8. STATE OF BIRTH (if not U.S.A., name country)<br>Nebraska  |  | 9. CITIZEN OF WHAT COUNTRY<br>USA   | 10. Decedent's Education. Specify highest grade completed.<br>11   |
| 11. SOCIAL SECURITY NUMBER<br>[REDACTED]   |  | 12. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired)<br>Crane Operator  | 13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married                                       |
| 14. RESIDENCE—STATE<br>Nevada  |  | 15. COUNTY<br>Lincoln   | 16. CITY, TOWN, OR LOCATION<br>Panaca  |
| 17. FATHER—NAME<br>John August Kreimeyer   |  | 18. MOTHER—MAIDEN NAME<br>Ella Katherine Siedenburg   |  |
| 19. INFORMANT—NAME (Type or Print)<br>Mary Kreimeyer   |  | 20. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)<br>PO Box 434 Panaca, Nevada 89042   |  |
| 21. BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>Burial  |  | 22. CEMETERY OR CREMATORY—NAME<br>Conaway Memorial Veterans Cem.  |  |
| 23. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)<br>[Signature]   |  | 24. NAME AND ADDRESS OF FACILITY<br>Wilson-Bates Mortuary 19<br>450 Mill Street-PO Box 367 Ely, Nevada 89301  |  |
| 25. DATE SIGNED (Mo., Day, Yr.)<br>6/6/94  |  | 26. HOUR OF DEATH<br>7:55 P.M.  |  |
| 27. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)<br>Timothy McHugh, M.D.  |  | 28. LICENSE NUMBER<br>6273  |  |
| 29. REGISTRAR<br>[Signature]   |  | 30. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)<br>June 6, 1994  |  |
| 31. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))<br>PART I<br>(a) Cerebrovascular accident<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(b) Cardiomyopathy<br>DUE TO, OR AS A CONSEQUENCE OF:<br>(c) Chronic obstructive pulmonary disease |  | 32. DEATH DUE TO COMMUNICABLE DISEASE<br>24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |
| 33. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.   |  | 34. AUTOPSY (Specify Yes or No)<br>26. No   |  |
| 35. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)<br>28a.   |  | 36. DATE OF INJURY (Mo., Day, Yr.)<br>28b.  |  |
| 37. INJURY AT WORK (Specify Yes or No)<br>28e.   |  | 38. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br>28f.   |  |
| 39. DESCRIBE HOW INJURY OCCURRED<br>28d.   |  | 40. LOCATION. STREET OR R.F.D. No. CITY OR TOWN STATE<br>28g.   |  |

CERTIFIED COPY OF VITAL RECORDS

No. 065368

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

DATE ISSUED:

JUN 17 2013

[Signature]  
STATE REGISTRAR

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

