

Official Record

Recording requested By
RONDA HORNBECK

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: LB

Book- 281 Page- 0547

APN 006-241-6-1

APN _____

APN _____



0143935

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: _____
(State specific law)

Ronda Hornbeck
Signature Title

Ronda Hornbeck
Print

9-6-13
Date

Grantees address and mail tax statement:

Ronda Hornbeck
HC 74 Box 200
Pioche, Nevada 89043



APN: 006-241-61

When recorded mail to:

Ronda Hornbeck
HC 74 Box 200
Pioche, Nevada 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Ronda Hornbeck 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 Ronda Hornbeck, a daughter of Harold D. Hammond and Shannon Hammond. Harold D. Hammond and Shannon Hammond are the Grantees named as joint tenants in the certain Deed recorded as Document number 098118 in Book 100 Page 335 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, also known as APN 006-241-61, and is more specifically described as follows:

Beginning at the Southwest corner of lot number 1 as shown on the map of the settlement known as Ursine, or Eagle Valley, Lincoln County, Nevada, in the W 1/2 SE 1/4 of Section 35, Township 2 North, Range 69 East, MDB& M., and running thence S.65°33' W., a distance of 447.4 feet to the Southeast corner of said lot 1; thence running N.18°23'E., a distance of 107.4 feet to the east indent corner of said lot 1; thence running N.71°03' W., a distance of 136 feet to a point; thence running N. 18°29' E. a distance of 198 feet, more or less, to the South line of grantees present property; thence running N.72°19' W., a distance of 228 feet to the West line of said lot 2; thence running S.33°55' W., along the West line of said lot 1 a distance of 290 feet, more or less to the place of beginning.
APN. 06-241-27, a portion of.



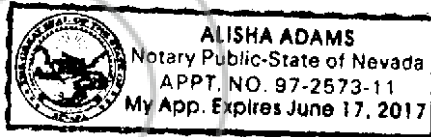
4. Harold D. Hammond, one of the grantees named in said Deed, died on February 5, 1994, in City of St. George, State of Utah, County of Washington. I am Harold D. Hammond's daughter.

5. Shannon Hammond, also one of the grantees named in said Deed, died on March 10, 2013, in Caliente, Lincoln County, Nevada. I am Shannon Hammond's daughter.



RONDA HORNBECK

SUBSCRIBED and SWORN to before me
This 6th day of September, 2013.





NOTARY PUBLIC





STATE OF UTAH - DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 27-44 STATE FILE NUMBER

NAME OF DECEDENT FIRST MIDDLE LAST 2. SEX 3a. DATE OF DEATH (Mo. Day, Yr) 3b. TIME OF DEATH (24 hr clock)
HAROLD DEAN HAMMOND Male February 5, 1994 09:45

DATE OF BIRTH (Mo. Day, Yr) 5. AGE (Last Birthday) IF UNDER 1 YEAR IF UNDER 24 HOURS 6. BIRTHPLACE (City & State or Foreign Country) 7. SOCIAL SECURITY NUMBER
 an. 26, 1922 72 Yrs Months Days Hours Minutes Ursine, Nevada

8a. PLACE OF DEATH (Check only one) 8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility give street address of location)
 HOSPITAL: OTHER: Inpatient ER/Outpatient DOA Nursing Home Residence Other **Dirie Regional Medical Center**

9. SURVIVING SPOUSE (If wife, give maiden name)
Shannon Shumway

10. CITY, TOWN OR LOCATION OF DEATH 11. MARITAL STATUS 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) 12b. KIND OF BUSINESS OR INDUSTRY
St. George Never Married Married Divorced Widowed **Maintenance Supervisor** **Telephone Company**

13a. RESIDENCE - STREET AND NUMBER 13b. CITY, TOWN, OR COMMUNITY 13c. COUNTY 13d. STATE
ural P.O. Box 235 **Pioche** **Lincoln** **Nevada**

14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) 15. RACE - Black, White, Am. Indian (Tribe may be entered), Japanese, etc. (Specify) 16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (0-12)-College (13-16 or 17 +)
 Yes No Mexican Cuban Puerto Rican Other (Specify) **White** **16**

17. FATHER'S NAME (First, Middle, Last) 17b. MAIDEN NAME OF MOTHER (First, Middle, Last)
Joseph Hammond **Zina Elizabeth Blair**

18. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT
Shannon Hammond (Wife) P.O. Box 235 - Pioche, Nevada 89043

19. METHOD OF DISPOSITION 20a. DATE OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c. LOCATION - City or town, State
 Entombment Donation Other **Feb. 8, 1994** **Hammond Cemetery** **Ursine, Nevada**

21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. LICENSEE NUMBER 24. FUNERAL HOME (Name, address and license number)
[Signature] **111435** **METCALF MORTUARY #70**

25. DATE DECEASED WAS LAST ATTENDED BY CERTIFYING PHYSICIAN 26. If not certified by medical examiner, was death reported to M.E.? (If yes, enter the date and hour reported: M.E. Case No.)
2-5-94 Yes No **288 West St. George Blvd. St. George, Utah 84770**

27. CERTIFIER CERTIFYING PHYSICIAN MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL
 To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
 On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated.

28. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER 27b. DATE SIGNED (Mo. Day, Yr.)
[Signature] **6469** **February 7, 1994**

30. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (ITEM 31) (Type/print)
Dr. B. McDonald M.D. 515 South 300 East - St. George, Utah 84770

31. REGISTRAR'S SIGNATURE 32. DATE FILED (Month, Day, Year)
[Signature] **FEB 14 1994**

PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. (LIST ONLY ONE CAUSE ON EACH LINE.)
 IMMEDIATE CAUSE (Final phase or condition leading to death) **Cerebral Hemorrhage** 2 HRS
 Sequentially list conditions, any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury at initiated events resulting in death).
Thromboembolic Stroke 18 HRS
Cerebral Arteriosclerosis 1 MONTH

PART II. Other Significant Conditions contributing to death but not putting in the underlying cause given in Part I.
 32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT Probably contributed to the cause of death Was the underlying cause of death Did not contribute to the cause of death Is unknown in relation to the cause of death NON-USER
 33a. WAS AN AUTOPSY PERFORMED? Yes No Yes No
 33b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes No

34. MANNER OF DEATH 35a. DATE OF INJURY (Month, Day, Year) 35b. TIME OF INJURY (24 Hour Clock) 35c. INJURY AT WORK? 35d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
 Natural Accident Suicide Homicide Undetermined if Injured Purposely or Accidentally Pending Investigation Non-User Yes No
 35e. LOCATION (Street or rural route number, city or town, county and state) 35f. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.
 35i. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1993 As Amended.

SDH-BHS 95 (1/93)
 Date Issued: **MAR 02 1994**
 County **Washington**
 Registrar **Fay L. Edwards**
LL 253013

John E Brockert
 John E. Brockert
 DIRECTOR OF VITAL STATISTICS
 By *[Signature]*

