± 0144008

Official Recording requested By ARLENE JOYCE

Record

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3 Recorded By: LB Book- 282 Page-0043

0144008

A.P.N. 001-064-01

WHEN RECORDED RETURN TO:

Lee A. Drizin, Esq. Lee A. Drizin, Chtd. 2460 Professional Court. Ste. #110 Las Vegas, Nevada 89128

MAIL TAX STATEMENTS TO:

Arlene Joyce 752 Norvell Street El Cerrito, CA 94530

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF CALIFORNIA)
COUNTY OF CONTRA COSTA) ss.)

ARLENE JOYCE, of legal age and being first duly sworn, deposes and says:

That WILLIAM CHARLES COLEMAN, the Decedent referenced in the certified copy of the Certificate of Death attached hereto as Exhibit "1," is the same person as WILLIAM C. COLEMAN named as one of the parties in that certain Joint Tenancy Deed dated July 18, 1972, executed by Victor Cottino of Pioche Mines Consolidated, Inc., as attorney in fact for William C. Coleman and Mabel I. Coleman, husband and wife, recorded on August 21, 1972, in Book 4, Page No. 692, of the Official Records of Lincoln County, Nevada, covering the following described property situated in Clark County, State of Nevada:

All the lots numbered (One), Two (2), Three (3), Four (4), Five (5), Six (6), Seven (7), Eight (8), Nine (9) and Ten (10) in Block numbered Sixteen (16) of the Pioche Mines Consolidated, Inc. Addition, Supplement "B" to the town of Pioche, as said lots and Block are delineated on the official plat of said Addition now on file and of record in the Office of the County Recorder of Lincoln County and to which said plat ant the records thereof reference is hereby made for particular description.

MORE commonly known as: 242 Hamilton Street, Pic	oche, Nevada 89043
Dated: August 2, 2013	HILTER Syon
	ARLENE JOYCE
This instrument was acknowledged before me,	
this day of, 2012.	
NOTABY BUBLIC	NOTARY STAMP/SEAL
NOTARY PUBLIC	

Certification of Acknowledgement

State of California

O Other_

County of Contra Costa

On $6/2/2017$ before me, Fermin Conui Torralba III-Notary Public, personally appeared
On SIZIZO before me, Fermin Conui Torralba III-Notary Public, personally appeared ARLENE SOYCE
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) islate
subscribed to the within instrument and acknowledge to me that he she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.
WITNESS my hand and seal.
min Congla (Seal) Constitution Expires MAY 11, 2017
Additional Optional Information
Although law does not require the information in this section, it could prevent fraudulent removal and reattachment of this acknowledgement to an unauthorized document and may prove useful to person(s) relying on the attached document.
DESCRIPTION OF THE ATTACHED DOCUMENTS
AFFIDAVIT OF DEATH OF JOINT TENANT
(Title or description of attached document)
Number of pages Z Document date 8 2 2013
CAPACITY CLAIMED BY SIGNER
O Individual(s)
O Corporate Officer
O Partner(s)
O Attorney-In-Fact
O Trustee(s)

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

_			CERTIFIC	ATE OF D	EATH			ļ
1	COAL FUE MUMBER	•					STATE FILE NUMBER	
TYPE	DECEASED—NAME FIRST	Middle	Last		DATE OF DEATH (Month, Day, Year)		COUNTY OF DEATH	
IN RMANENT	ı. William	William Charles COLEMA			² March i	27, 1987	3a.Clark	
LACK INK	CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—Name (if not either, give street and number) INSIDE CITY LIMITS (Specify Yes or No) IRM Inpatient (Specify)						Rm. Inpatient (Specify)	ner.
EGEDENT	³⁵ Hend e rson	34St. Rose	de Lima þ	lospital			3e Inpatient	
5450501	RACE—(e.g., White, Black, American El Indian, etc.) (Specify)	HNIC	AGE—Lasi Birthday (Years	MOS DAY		ie i	· ·	
	4* White	American	5a. 73	5b.	5c.		21, 1914 7 Male	
IF DEATH OCCURRED IN	STATE OF BIRTH (H not U.S.A., name country)	CITIZEN OF WHAT COUNTRY	(MARRII WIDOV (Specify	D, NEVER MARRIE		bel Irene E	U.S. ARMED FORCES?	' 1
SEE HANDBOOK	8 Nevada SOCIAL SECURITY NUMBER	9. U.S.A.	A. (Specify) Married 111 DN (Gree Kind of Work Done During Most of KIND OF B			ESS OF INDUSTRY	12	
REGARDING COMPLETION OF RESIDENCE TIEMS		Working Life, Even if Retired	rking Life, Even if Retired)			14b. Plumbing		
t t	RESIDENCE—STATE COUNT		Welder ICITY, TOWN, OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
└ >			 15cHender:	=on	15d.7	Oregon Way		- [
	15a. Nevada 15b. L FATHER—NAME First	Clark Middle	Last	MOTHER-MA			Middle Last	
PARENTS		Charles	Coleman	17.	Ar	ne Cha	arlotte Hansen	
	16. William INFORMANT—NAME (Type or Print)	Cildi 165	MAILING A		(Street or	R.F.D. No., City or Town,	State, Zip)	
	180 Mabel Coleman		186.7 Q	regon Way	y Hende	rson, Nevad	da 89015	
	BURIAL CREMATION, REMOVAL, OTHER	(Specify) CEMETERY	OR CREMATORY			LOCATION	City or Town State	
•	19a Cremation	_ 196. N∈√	/ada M. C	remation	Society	ı₃. Las Veç	gas, Nevada	
SPOSITION	FUNERAL DIRECTOR SIGNATURE IOI Per	On Acting the Such NAME AND	ADDRESS OF FAC	ILITY		726 S. Cas	sino Center #208	
Į	20a. 11/1/19	206. Nev	/ada M. C	remation	Society	Las Vegas	s, Nevada 89101 vestigation, in my opinion death occur	rend
(21a. To the best of my knowledge,	death occurred at the time, dat	e anofolace and	- 2	22a. On the basis at the time, o	of examination and/or in ate and place and due to	the cause(s) stated.	
	due to the cause(s) stated. (Signature and Title) DATE SIGNED (Ma. Day, Yr.) 21b. 30-8 NAME OF ATTENDING PHYSI	a buy	Mur		Signature and Ta		IOUR OF DEATH	h
İ	DATE SIGNED (Mo., Day, Yr.)	HOUR OF LA		gldwos		1		>
CERTIFIER	UNIVERSE 216 3 -30-8	Z1c. 3	:30 P.M.		PRONOUNCED D		PRONDUNCED DEAD (Hour)	/
7511111	AE NAME OF ATTENDING PHYSI	CIAN IF WIHER THAN CENTIFIE	th takbe on south	<u>0</u>	- /		22e. AT	
		RTIFIER (PHYSICIAN, MEDICAL	EXAMINER OR CO	RONER) (Type or Pri	22d. ÓN		22e. A1	
				7%. 7%.		. Nevada 8	9015	İ
`	23 Karl Hazelt		Lake Mear	E RECEIVED BY RE	EGISTRAR (Mo., Day,	, Nevada 8	MMUNICABLE DISEASE	
CONDITIONS IF ANY WHICH GAVE	24a. (Signature)	- Brisk N	Jen 1241	MAR 30	1987	24c. YES 🗀	NO 🗆	
RISE TO IMMEDIATE		NLY ONE CAUSE PER LINE FO	R (d), (b), AND (c).)				Interval between onset and de	sath
CAUSE	Pentro	ndes	The state of the s		1 1	<u></u>	: 48hr	
STATING THE UNDERLYING CAUSE LAST	DUE TO, OR AS A CONSEC						interval between onset and de	sath [
) (b) Seronat	ed irsus	<u>- </u>				Interval between onset and de	eath
	DUE TO, OH AS A CONSEC			/ /			4 mursth	
CAUSE DF	(c) Carcer	Mia 1870 ONS—Conditions contributing t	to death but not reis	ted to cause niven	in PART 1 (a)	AUTOPSY (S)	pecify WAS CASE REFERRED TO	
🤋 DEATH 🦠	PART	OAS—Colorions continuonily i	to bestir but not ron	NO 10 TOURS BITTER		26. No	OF NO. CORONER (Specify Yes or No.)	
	ACC., SUICIDE, HOM, UNDET. DATE	OF INJURY (Ma., Day, Yr.) HOL	UR OF INJURY	DESCRIBE HOV	V INJURY OCCURRED			
ļ	OR PENDING INVEST.	28c		M 28d.				
	INJURY AT WORK PLACE	E OF INJURY-At home, farm, s	street, factory, office	LOCATION.	STREET OF	R.F.D. No.	CITY OR TOWN STATE	
	(Specify Yes or No) 28e. 28f.	building, etc. (Sp	есту)	289.	/			
	261.				/		NICCACCO	

Nº64223

VITAL RECORDS

"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 Clark County 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 CLARK COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D. Registrar of Vital Statistics

By: MM

Date Issued: MAR 3 1 1987

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 4426 Las Vegas, Nevada 89127