

Official Record

Recording requested By
FIRST AMERICAN TITLE COMPANY

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: AE

Book- 284 Page- 0039

Property Tax I.D # 003-096-06

AMERICA FIRST FEDERAL CREDIT UNION
P.O. BOX 9199
OGDEN, UTAH 84409



FIRST AMERICAN TITLE: # 9015-2456333
CD803221.7

AFFIDAVIT OF DEATH

DEBRA K. EYRAUD, being first duly sworn upon oath deposes and says that he/she was well and personally acquainted with JOHN RAYMOND EYRAUD one of the Grantees in deed recorded in Book 64, Page 545, as Entry No. 82200, Records of LINCOLN County, State of NV; that he knows the said John R. Eyraud to be the same person as John Raymond Eyraud whose death certificate is attached hereto.

Legal Description:

THE EAST HALF (E 1/2) OF LOT TEN AND THE WEST HALF (W 1/2) OF LOT ELEVEN (11) IN BLOCK FORTY-ONE (41) IN THE CITY OF CALIENTE, AS SAID MAP IS SHOWN IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY, NEVADA

Property Address: 534 MAIN STREET, CALIENTE, NV 89008-0584

Dated this 19th day of Nov., 2013

STATE OF Nevada

Debra K. Eyraud
DEBRA K. EYRAUD

COUNTY OF Lincoln

On this 19th day of Nov., 2013, personally appeared before me, DEBRA K. EYRAUD, the signer of the foregoing instrument, who duly acknowledged to me that they/he/she executed the same

Crystal Budreau
NOTARY PUBLIC

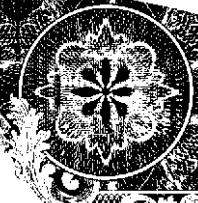
RESIDING AT 383 Dixon St. Caliente

My Commission Expires: Mar. 20, 2015





STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH VITAL STATISTICS
CERTIFICATE OF DEATH

2010004429
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

| | | | | | |
|---|--|--|---|---|--|
| 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Raymond EYRAUD | | 2. DATE OF DEATH (Mo/Day/Year) March 20, 2010 | | 3a. COUNTY OF DEATH Lincoln | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Caliente | | 3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 534 Main Street | | 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home | |
| 4. SEX Male | | 6. Hispanic Origin? Specify No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 61 | |
| 5. RACE White (Specify) | | 7b. UNDER 1 YEAR MOS DAYS | | 7c. UNDER 1 DAY HOURS MINS | |
| 8. DATE OF BIRTH (Mo/Day/Yr) October 13, 1948 | | 9a. STATE OF BIRTH (If not U.S.A., name country) Utah | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE OR DOMESTIC PARTNER Debra Kay SHUEY | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Operating Engineer | | 14b. KIND OF BUSINESS OR INDUSTRY Heavy Equipment | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Caliente | |
| 15d. STREET AND NUMBER 534 Main Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER - NAME (First Middle Last Suffix) Raymond Lloyd EYRAUD | | | 17. MOTHER - NAME (First Middle Last Suffix) Ellen Joanne CAMMACK | | |
| 18a. INFORMANT - NAME (Type or Print) Debra Kay EYRAUD | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 584 Caliente, Nevada 89008 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory | | 19c. LOCATION City or Town State Cedar City Utah 84720 | |
| 20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE 807 | | 20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008 | |
| 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD KATSCHKE M.D. SIGNATURE AUTHENTICATED | | 22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) March 23, 2010 | | 21c. HOUR OF DEATH 07:20 | | 22b. DATE SIGNED (Mo/Day/Yr) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008 | | | |
| 23b. LICENSE NUMBER 10509 | | 24a. REGISTRAR (Signature) JAMES C. GRAFF SIGNATURE AUTHENTICATED | | | |
| 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 23, 2010 | | 24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I | | Interval between onset and death | | | |
| (a) Pulmonary Hemorrhage | | Interval between onset and death | | | |
| (b) Lung Cancer | | Interval between onset and death | | | |
| (c) Tobacco Abuse | | Interval between onset and death | | | |
| (d) - | | Interval between onset and death | | | |
| PART II | | 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No | |
| 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) | | 28b. DATE OF INJURY (Mo/Day/Yr) | | 28c. HOUR OF INJURY | |
| 28d. DESCRIBE HOW INJURY OCCURRED | | 28e. INJURY AT WORK (Specify Yes or No) | | | |
| 28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) | | 28g. LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE | | | |

STATE REGISTRAR

3528746



323318 CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED: 03/31/2010

Richard Whelan
 SIGNATURE AUTHENTICATED

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

PRNCO (Rev) 11/06

