

Official Record

Recording requested By  
DYLAN FREHNER

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3  
RPTT: Recorded By: AE  
Book- 284 Page- 0251

APN 004-071-21

APN \_\_\_\_\_

APN \_\_\_\_\_



0144716

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: NRS 40.525 (5) & 111.365  
(State specific law)

Dylan Frehner Atty  
Signature Title

Dylan Frehner  
Print

12-12-13  
Date

Grantees address and mail tax statement:

Merlin Lamb  
P.O. Box 574  
Alamo, Nevada 89001



APN: 004-071-21

When recorded mail to:

Merlin Lamb  
P.O. Box 574  
Alamo, Nevada 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada        )  
  )ss  
County of Lincoln     )

Merlin J. Lamb hereby swears under penalty of perjury, that the following assertions are true of his 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 Merlin J. Lamb, the same person named as Merlin J. Lamb, one of the grantees as joint tenants named in that certain Deed recorded as Document number 115479 in Book 151, Page 498 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, and is more specifically described as follows:

APN: 004-071-21, and further described as:  
A portion of Lot 3, Blk 57, in the SE ¼ S5 T7S R61E, .495 acres.

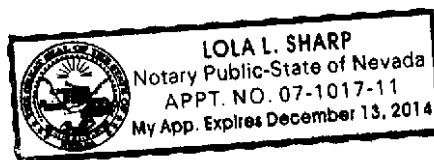
4. Lorin Lamb also one of the grantees named in said Deed, died on July 7, 2013, in Caliente, Lincoln County, State of Nevada. I am Merlin J. Lamb, the brother of Lorin Lamb.

*Merlin J. Lamb*  
MERLIN J. LAMB

SUBSCRIBED and SWORN to before me

This 5th day of December, 2013.

*[Signature]*  
NOTARY PUBLIC



**STATE OF NEVADA**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH VITAL STATISTICS**

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

**2013011295**  
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) <b>Lorin LAMB</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 07, 2013</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (inpatient)(Specify) <b>Nursing Home</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b>   <b>MIN</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>September 09, 1926</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>3</b>		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Mail Carrier (postal)</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Postal Service</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>700 North Spring Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Carlton Phillip LAMB</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Thelma SHUMWAY</b>		18a. INFORMANT - NAME (Type or Print) <b>Merlin James LAMB</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 574 Alamo, Nevada 89001</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION - City or Town - State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>JOHN R ROGERS MD</b> 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) <b>July 09, 2013</b>		21c. HOUR OF DEATH <b>13:10</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>JOHN R ROGERS MD PO Box 1010 Caliente, NV 89008</b>			
23b. LICENSE NUMBER				24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 12, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) <b>Pneumonia</b>				Interval between onset and death <b>1 Week</b>	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. <b>End Stage Dementia</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		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

**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:

**07/16/2013**

*Rod Whitt* STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

