



APN 06-041-22

APN _____

APN _____

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)

X 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)

Nancy J. Sprenkle owner
Signature Title

NANCY J. SPRENKLE
Print

1-14-14
Date

Grantees address and mail tax statement:

Nancy J. Sprenkle
 P.O. Box 664
 Pioche, Nevada 89043



APN: 06-041-22

When recorded mail to:

Nancy J. Sprenkle
P.O. Box 664
Pioche, Nevada 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Nancy J. Sprenkle 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 Nancy J. Sprenkle, the same person named as Nancy J. Sprenkle, one of the grantees as joint tenants named in that certain Deed recorded as Document number 117443 in Book 160 of the Joint Tenancy Grant Bargain and Sale Deed, Pages 347 and 348 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:

The North one-half (N ½) of the Southeast Quarter (SE ¼) of U.S. Government Lot Five (5) in Section 2, Township 4 North, Range 67 East, M.D.B. &M.

EXCEPTING THEREFROM any portion of said land conveyed to the Lincoln County Power District No. 1 by a Deed recorded August 23, 1985, in Book 67 of Official Records, Page 87, as File No. 83286, Lincoln County, Nevada, Records.

Together with all water, water rights, rights to the use of water, dams, ditches, canals, pipeline, reservoirs, wells, pumps, pumping stations and all other means for their diversion or use of water appurtenant to the said land or any part thereof, for irrigation, stockwatering, domestic or any other use.

///



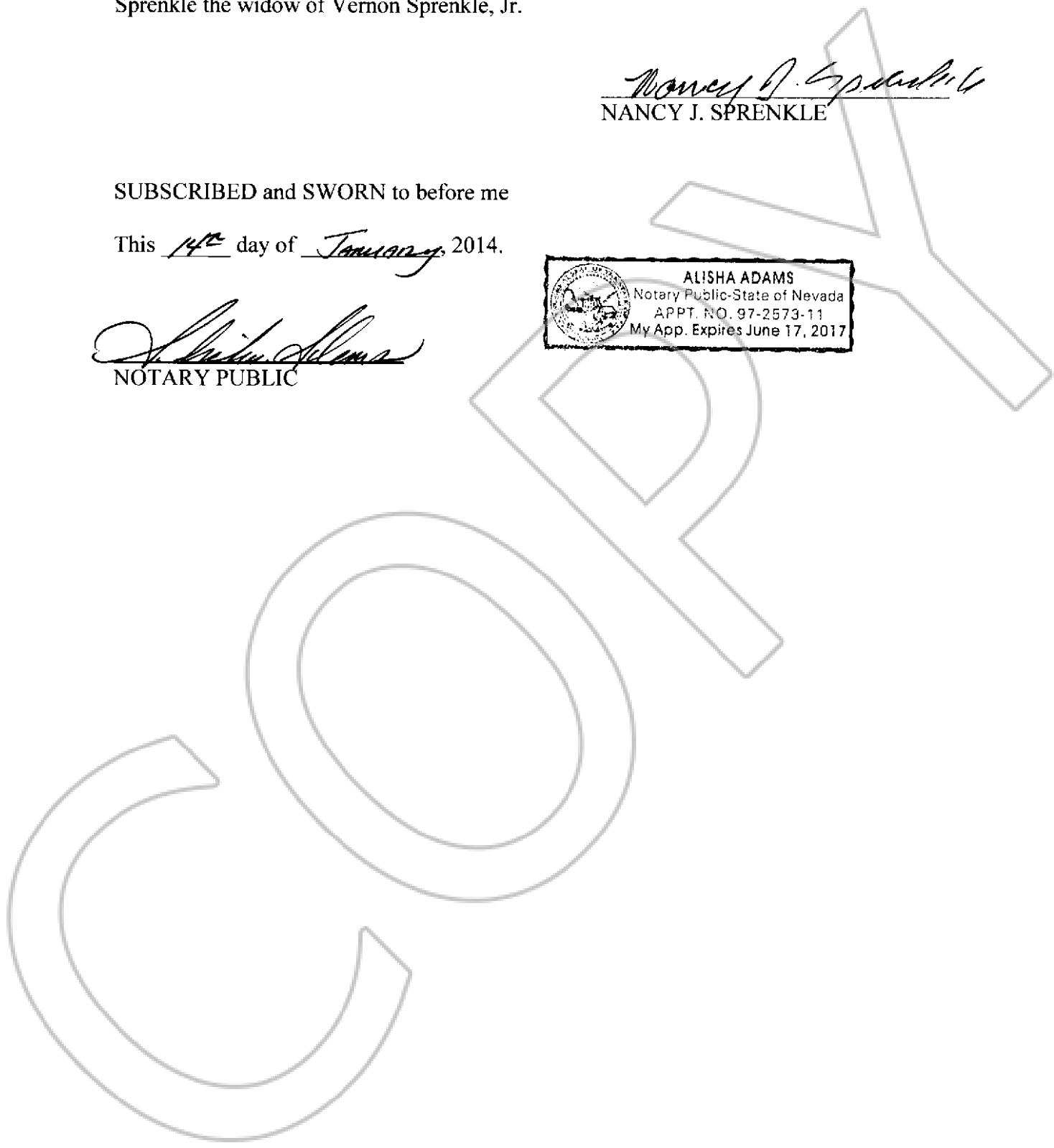
4. Vernon Sprenkle, Jr., also one of the grantees named in said Deed, died on December 11, 2013, in Caliente, Lincoln County, State of Nevada. I am Nancy J. Sprenkle the widow of Vernon Sprenkle, Jr.

Nancy J. Sprenkle
NANCY J. SPRENKLE

SUBSCRIBED and SWORN to before me

This 14th day of January, 2014.

Alisha Adams
NOTARY PUBLIC





NEVADA OFFICE OF VITAL RECORD

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

2013020802
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 HAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Vernon SPRENKLE JR		2. DATE OF DEATH (Mo/Day/Year) December 11, 2013		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) Grover C Dis Medical Center		3d. Hosp. or Inst. indicate DOA, OP, Emer. Nm. Inpatient (Specify) Inpatient	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 70	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1943	
9a. STATE OF BIRTH (if not U.S.A., name country) New Jersey		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Nancy MAGAHAN			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Drafter		14b. KIND OF BUSINESS OR INDUSTRY Electronics	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 427 Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Vernon SPRENKLE SR			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruth E BONSALL		
18a. INFORMANT - NAME (Type or Print) Nancy SPRENKLE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 664 Pioche, Nevada 89043			
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	
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) 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) December 13, 2013		21c. HOUR OF DEATH 10:50		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) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 26, 2013		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) Multorgan Failure				Weeks	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Metastatic Bladder Cancer				Years	
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.				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. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

VRS-Rev-20120523a

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: 12/27/2013

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

