



0145147

APN 003-174-24

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)

Dylan V. Frehner Attorney
Signature Title

Dylan V. Frehner, Esq.
Print

3/4/2014
Date

Grantees address and mail tax statement:

Dylan V. Frehner, Esq.

P.O. Box 517

Pioche, Nevada 89043



APN: 003-174-24

When recorded mail to:

Dylan V. Frehner
P.O. Box 517
Pioche, NV 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Jerry Maeder 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, Jerry Maeder, along with Judy Maeder (deceased), acquired certain real property as joint tenants in the certain Deed dated December 24, 2001 and recorded as Document number 117534 in Book 161 Page 108 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 003-174-24, and is more specifically described as follows:

The East 1/2 of Lot 8 in Block 3 of the Modem Townsite Subdivision in the City of Caliente, County of Lincoln, State of Nevada.

4. Judy Maeder, one of the grantees named in said Deed, died on December 22, 2005, and a copy of the Death Certificate is attached hereto as Exhibit A.

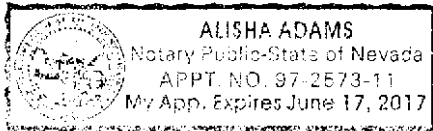
Jerry Maeder

JERRY MAEDER

SUBSCRIBED and SWORN to before me
This 21st day of FEBRUARY, 2014.

Alisha Adams

NOTARY PUBLIC



CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER			STATE FILE NUMBER		
	DECEASED—NAME First Middle Last			DATE OF DEATH (Month, Day, Year)		
DECEDENT	1. Judy Ann MAEDER			2. December 22, 2005		
	CITY, TOWN OR LOCATION OF DEATH			COUNTY OF DEATH		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	3b. Las Vegas			3c. Sunrise Hospital and Medical Center		
	3e. Inpatient			4. Female		
PARENTS	RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)	
	5. White		6.		7a. 63	
DISPOSITION	STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.	
	9a. Utah		9b. U.S.A.		10. 9	
CERTIFIER	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		KIND OF BUSINESS OR INDUSTRY	
	13.		14a. Homemaker		14b. Own Home	
CAUSE OF DEATH	RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
	15a. Nevada		15b. Lincoln		15c. Caliente	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	FATHER—NAME First Middle Last			MOTHER—MAIDEN NAME First Middle Last		
	16. Arthello Ence			17. Blanche Josephine Larsen		
FATHERS	INFORMANT—NAME (Type or Print)			MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		
	18a. Jerry Andrew Maeder - Husband			18b. 109 Cemetery Road Caliente Nevada 89008		
PARENTS	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a. Burial		19b. Caliente Cemetery		19c. Caliente, Nevada	
DISPOSITION	FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Director)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY	
	20a. [Signature]		20b. 50		20c. Pain Mortuary - Downtown 1325 N. Main St., Las Vegas, Nevada 89101	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)			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) and manner stated. (Signature and Title)		
	DATE SIGNED (Mo., Day, Yr.)			DATE SIGNED (Mo., Day, Yr.)		
CAUSE OF DEATH	21b. 02/22/2006			21c. 7:00 PM		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. ON		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	23a. Hoa Ly MD 3131 La Canada Las Vegas NV 89109			23b. 10840		
	REGISTRAR			DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		
CAUSE OF DEATH	24a. [Signature]			24b. FEB 24 2006		
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CAUSE OF DEATH	PART I (a) Cardiorespiratory arrest		Interval between onset and death		minutes	
	(b) Septic shock		Interval between onset and death		days	
CAUSE OF DEATH	(c) Bacteremia		Interval between onset and death		days	
	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No)		
acute myocardial infarction, recurrent multiple myeloma			No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No)			NO			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		
28a.		28b.		28c. M		
28d. DESCRIBE HOW INJURY OCCURRED		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		
28e. INJURY AT WORK (Specify Yes or No)		28f.		28g.		

STATE REGISTRAR

No. 333339

"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

DONALD S. KWALICK, MD, M.P.H. Registrar of Vital Statistics

By: [Signature]

Date Issued: FEB 24 2006

CLARK COUNTY HEALTH DISTRICT 625 Shadow Lane P.O. Box 3902 Las Vegas, Nevada 89127 702-383-1223 Tax ID# 88-0151573