

APN 003-101-15

APN 003-101-16

APN 003-101-17

APN 003-101-18



0145148

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)

 _____ 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: 003-101-15
003-101-16
003-101-17
003-101-18

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 March 24, 1987 and recorded as Document number 86712 in Book 74 Page 482 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 previously known as APN 003-101-07 and further described as

All that property situate in the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) and the Northwest Quarter (NW1/4) of the Northeast Quarter (NE1/4) of the Southeast Quarter (SE1/4) of Section 7, Township 4 South, Range 67 East, M.D.B.&M. lying West of a line running North 34°5' West from a point on the North side of the SPLA & SLRR COS. Right of way 2001.6, Range 67 East, M.D.B.&M., being North of the center of the Meadow Valley Wash and not contained in the area embraced by the Sunset Lode Patented Mining Claim, Survey No. 2114, and being situate in the City of Caliente, Lincoln County, Nevada.

4. The parcel was subdivided and is currently known as APN 003-101-15, 003-101-16, 003-101-17 and 003-101-18, and is more specifically described as the parcels of land shown on the Parcel Map recorded as Document # 0136158 in Book D



Page 21 of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada.

5. 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.

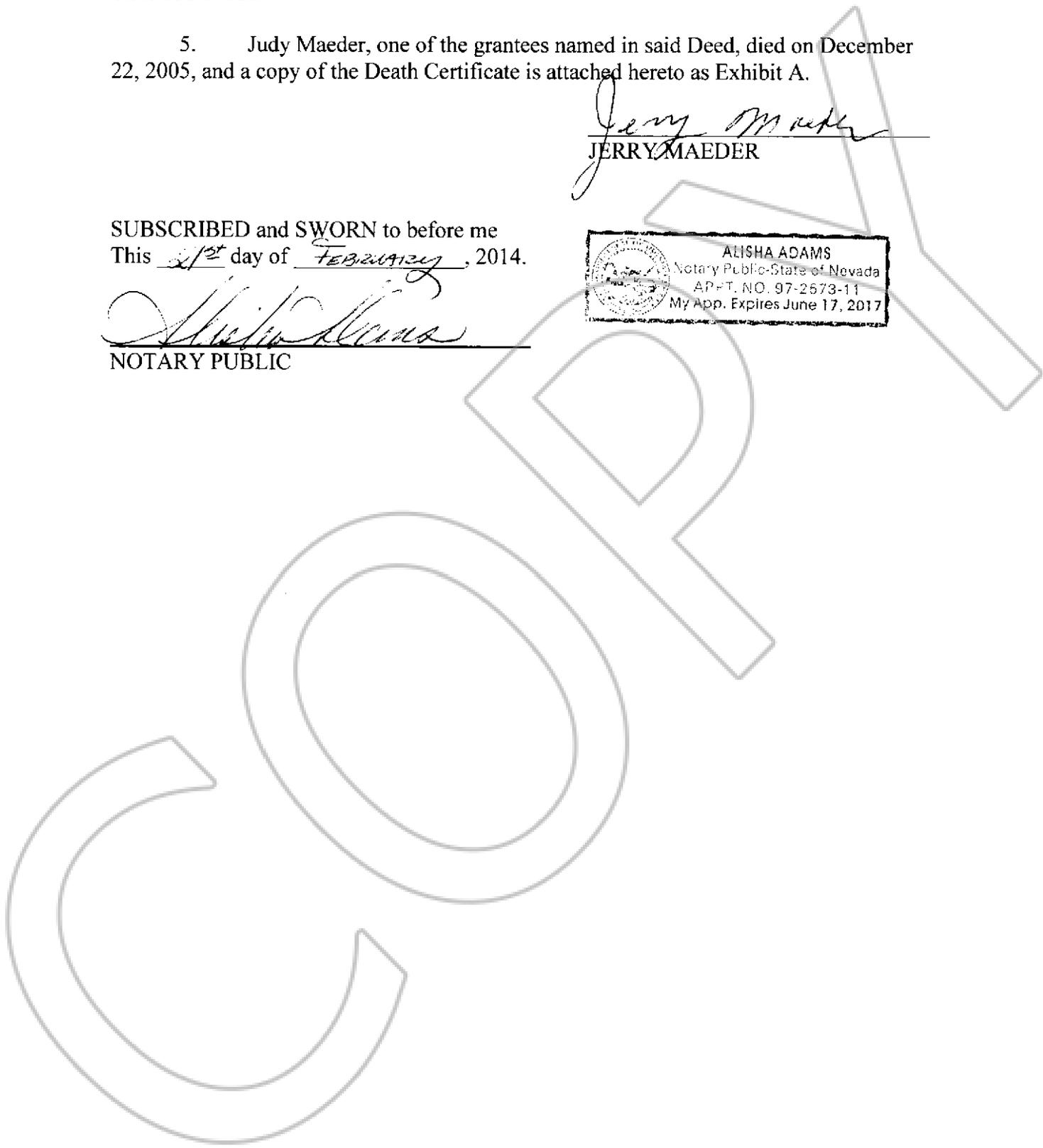
Jerry Maeder

JERRY MAEDER

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

Alisha Adams

NOTARY PUBLIC





0145148

CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Judy Ann MAEDER		2. December 22, 2005	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)	
3b. Las Vegas		3c. Sunrise Hospital and Medical Center	
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.	
5. White		6.	
AGE—Last Birthday (Years)		UNDER 1 YEAR	
7a. 63		MOS : DAYS	
7b.		HOURS : MINS	
7c.		7c.	
DATE OF BIRTH (Mo., Day, Yr.)		SEX	
8. Dec 6, 1942		4. Female	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY	
9a. Utah		9b. U.S.A.	
Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
10. 9		11. Married	
SURVIVING SPOUSE (If wife, give maiden name)		12. Jerry Andrew Maeder	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
13.		14a. Homemaker	
KIND OF BUSINESS OR INDUSTRY		14b. Own Home	
RESIDENCE—STATE		COUNTY	
15a. Nevada		15b. Lincoln	
CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15c. Caliente		15d. 109 Cemetery Rd.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes	
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last	
16. Arthello Ence		17. Blanche Josephine Larsen	
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	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Caliente Cemetery	
LOCATION City or Town State		19c. Caliente, Nevada	
FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Director)		FUNERAL DIRECTOR LICENSE NUMBER	
20a. <i>[Signature]</i>		20b. 50	
NAME AND ADDRESS OF FACILITY		20c. Palm Mortuary - Downtown 1325 N. Main St., Las Vegas, Nevada 89101	
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.)	
21b. 02/22/2006		22b.	
HOUR OF DEATH		HOUR OF DEATH	
21c. 7:00 PM		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER	
23a. Hoa Ly MD 3131 La Canada Las Vegas NV 89109		23b. 10840	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. <i>[Signature]</i>		24b. FEB 24 2006	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		Interval between onset and death	
PART I (a) Cardiopulmonary arrest		minutes	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(b) Sepsis shock		days	
DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death	
(c) Bacteremia		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)		WAS CASE REFERRED TO CORONER (Specify Yes or No)	
acute myocardial infarction, recurrent multiple myeloma No		27. NO	
ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a.		28b.	
HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e.		28f.	
LOCATION.		STREET OR R.F.D. No.	
28g.		CITY OR TOWN	
		STATE	

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