

Official Record

Recording requested By
DYLAN FREHNER

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: HB
Book- 286 Page- 0700



0145351

APN 004-041-12

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)

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)

 _____
Signature Title

Dylan V. Frehner, Esq.

Print

05/01/2014

Date

Grantees address and mail tax statement:

Mary L. Stewart

P.O. Box 452

Alamo, Nevada 89001

APN: 004-041-12

When recorded mail to:

Mary L. Stewart
P.O. Box 452
Alamo, Nevada 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Mary L. Stewart 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 Mary L. Stewart, the same person named as Mary L. Stewart, one of the grantees as joint tenants named in that certain Deed recorded as Document number 60883 in Book 23 of Official Records, Pages 93 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-entitle Deed, is located in the County of Lincoln, State of Nevada, and is more specifically described as follows:

Commencing at the southwest corner of the NE ¼ of the SW ¼ of Section 5, Township 7 South, Range 61 East, M.D.B.& M., thence running due east along the south line of said NE ¼ of SW ¼ a distance of 910 feet. More or less to the west line of Main street at the northeast corner of Lot 1, Block 46, Alamo Townsite on file in the office of the County Recorder of said Lincoln County; running thence N. 1° 23' W. along the west side of said Main Street and the projection thereof, a distance of 440 ft. to the true point of beginning; thence continuing N. 1° 23' W., along the west side of said Main Street and the projection thereof a distance of 100 ft., thence south 88° 37' west a distance of 125 ft., thence south 1° 23' east a distance of 100 ft., thence north 88° 37' east a distance of 125 ft. to the point of beginning.

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4. Charles Louis Stewart, Sr., also known as Charles L. Stewart, who is also one of the grantees named in said Deed, died on August 24, 2009, in Las Vegas, Clark County, State of Nevada. I am Mary L. Stewart the widow of Charles L. Stewart.

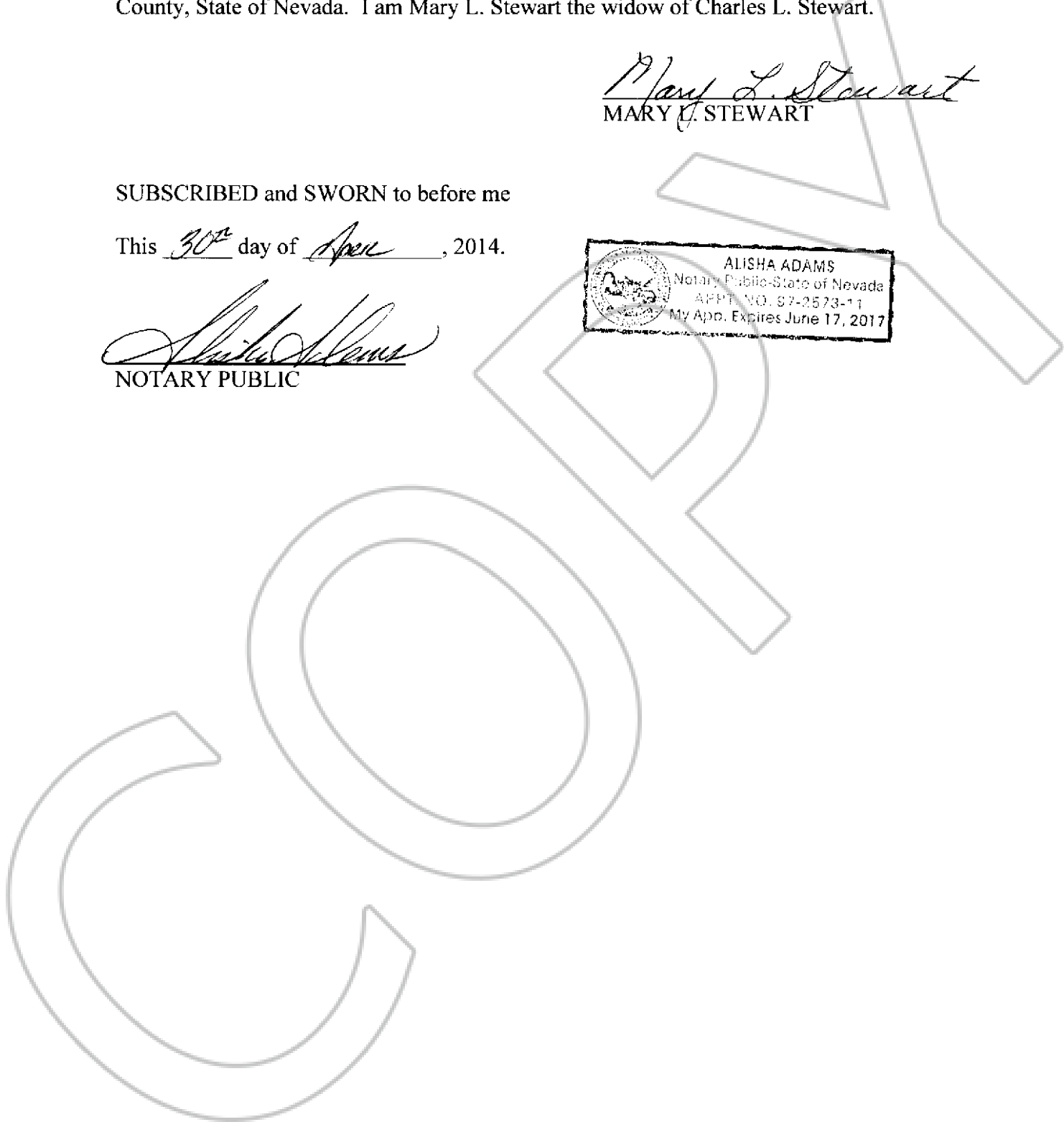
Mary L. Stewart
MARY L. STEWART

SUBSCRIBED and SWORN to before me

This 30th day of April, 2014.

Alisha Adams
NOTARY PUBLIC

ALISHA ADAMS
Notary Public-State of Nevada
APPT. NO. 97-2573-11
My App. Expires June 17, 2017





0145351

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STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — VITAL STATISTICS

CERTIFICATE OF DEATH

2009012563

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) Charles Louis STEWART SR		2. DATE OF DEATH (Mo/Day/Year) August 24, 2009		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Odyssey Harbor House		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Hospice Facility (HFS)	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 72		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 27, 1936		9a. STATE OF BIRTH (If not U.S.A., name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Mary Louise STINNETT	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Resident Engineer		14b. KIND OF BUSINESS OR INDUSTRY State Highways	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 180 North Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER - NAME (First Middle Last Suffix) Charles Edward STEWART			17. MOTHER - NAME (First Middle Last Suffix) Mildred Esther CRIPE		
18a. INFORMANT- NAME (Type or Print) Mary Louise STEWART		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 452 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRIS WALTERS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 64		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
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) GOPALAKRISHNA IYENGAR LEELA 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) August 31, 2009		21c. HOUR OF DEATH 21:18		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) Gopalakrishna Iyengar Leela M.D. 4011 McLeod Drive Las Vegas, NV 89121			
23b. LICENSE NUMBER 11458		24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 01, 2009		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					
(a) End-stage prostate cancer					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
PART II					
26. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28a. 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	
28d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No Yes			

STATE REGISTRAR

"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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.

Registrar of Vital Statistics

By:

Date Issued:

SEP 03 2009