

Official Record

Recording requested By
FIRST AMERICAN TITLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$41.00 Page 1 of 3
RPT: Recorded By: LB
Book- 287 Page- 0715

Recording Requested by:



AFTER RECORDING RETURN TO:

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

**AFFIDAVIT
DEATH OF A JOINT TENANT**

Escrow No.
A.P.N.: 001-061-02

I, Susan M. Pitts being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years and a resident of County of Lincoln , State of Nevada:

That I was well and personally acquainted with Ronald L. Pitts, one of the grantees in that certain Deed recorded November 8, 1988 as Entry No. 90297 in Book 83, at Page 161, records of the Recorder of Lincoln County, Nevada.

That I know of my own knowledge that Ronald L. Pitts in the said deed and Ronald Louis Pitts mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of Ronald L. Pitts and Susan M. Pitts, with respect to the following described property, situated in Lincoln County, State of Nevada:

LOT SIX (6) AND THE SOUTH HALF OF LOT SEVEN (7) IN BLOCK (15) AS DELINEATED ON THE OFFICIAL PLAT OF SUPPLEMENT "C" TO THE PIOCHE HINES CONSOLIDATED INC. SUPPLEMENT "B" TO THE TOWN OF PIOCHE.

Dated: June 12, 2014

Susan M Pitts
Susan M. Pitts

STATE OF Nevada _____)
County of Lincoln _____)ss.



On June 12, 2014, before me, the undersigned Notary Public, personally appeared **Susan M. Pitts**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: May 20, 2015

W. Catherine Tennille

Notary Public



C O R P

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

CERTIFICATE OF DEATH

2012018208
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Ronald Louis PITTS		2. DATE OF DEATH (Mo/Day/Year) November 09, 2012		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) Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Inpatient	
DECEDENT	4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 75		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) February 20, 1937		9a. STATE OF BIRTH (If not U.S.A., name country) Alabama		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) Susan M HARRIS	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Guard		14b. KIND OF BUSINESS OR INDUSTRY Corrections	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
DISPOSITION	15d. STREET AND NUMBER 234 Ocelaia Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Luis PITTS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Unice HASKET		
TRADE CALL	18a. INFORMANT- NAME (Type or Print) Jason PITTS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 313 Pioche, Nevada 89043			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Memory Gardens Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89129	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD C BOBO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 252		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101	
	TRADE CALL - NAME AND ADDRESS					
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) FRANCIS TAN MD 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) November 16, 2012		21c. HOUR OF DEATH 18:43		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Roxana Tejada Jitsuya, MD		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) FRANCIS TAN MD 3186 S. Maryland Parkway Las Vegas, NV 89109			
CAUSE OF DEATH	23b. LICENSE NUMBER 14142		24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED			
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 19, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Mesenteric ischemia Interval between onset and death				Interval between onset and death	
	(b) Coronary artery disease Interval between onset and death				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				Interval between onset and death		
(d) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death				Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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. 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 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

John Middaugh, M.D.
Registrar of Vital Statistics

By: 

Date Issued: **NOV 26 2012**