

Official Record

Recording requested By  
LAUREL ANN & GARY E. MILLS

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4  
RPTT: Recorded By: AE  
Book- 288 Page- 0495

APN 002-192-06

APN \_\_\_\_\_

APN \_\_\_\_\_



0145736

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)

Laurel Ann Mills owner  
Signature Title

Laurel Ann Mills  
Print

7/21/14  
Date

Grantees address and mail tax statement:

Ann Mills  
P.O. Box 429  
Panaca, Nevada 89042



APN: 002-192-06

When recorded mail to:

Ann Mills  
P.O. Box 429  
Panaca, NV 89042

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada )  
 )ss  
County of Lincoln )

Laurel Ann Mills and Gary E. Mills hereby swear under penalty of perjury, that the following assertions are true of her own personal knowledge:

1. We are over the age of twenty-one (21) years and competent to be witnesses to the matters hereinafter stated.
2. I, Laurel Ann Mills, along with Gary E. Mills and George Romanow (deceased), acquired certain real property as joint tenants in the certain Deed dated September 8<sup>th</sup>, 2004 and recorded as Document number 123014 in Book 190 Pages 499-500 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 further described as:  
  
A portion of lot number One (1) in Block numbered Fifty-Four (54) described as follows:  
Beginning at a point 120.75 feet south of the Northwest corner of said lot numbered One (1), running thence East 143.25 feet; thence running South 120.75 feet; thence running West 143.25 feet; thence running North 120.75 feet to the point of beginning.
4. George Romanow, one of the grantees named in said Deed, died on June 21, 2014, in Caliente, Lincoln County, State of Nevada. A copy of the Death Certificate is attached hereto as Exhibit A.

///  
///  
///



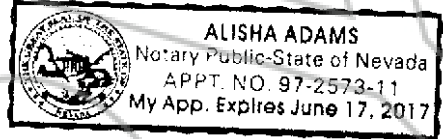
5. We, Laurel Ann Mills and Gary E. Mills, as joint tenants, are the remaining owners of the above described real property.

*Laurel Ann Mills*  
LAUREL ANN MILLS

*Gary E. Mills*  
GARY E. MILLS

SUBSCRIBED and SWORN to before me  
This 21<sup>st</sup> day of July, 2014.

*Alisha Adams*  
NOTARY PUBLIC



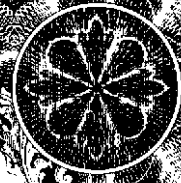


0145736

Book: 288  
Page: 498

07/21/2014  
Page: 4 of 4

# STATE OF NEVADA DIVISION OF VITAL RECORDS



## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

### CERTIFICATE OF DEATH

2014010514  
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) <b>George ROMANOW</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 21, 2014</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) <b>Grover C Dils Medical Center</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer Rm. Inpatient(Specify) <b>Inpatient</b>	
4. SEX <b>Male</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE-Last birthday (Years) <b>88</b>		7b. UNDER 1 YEAR <b>MOS</b>   <b>DAYS</b>		7c. UNDER 1 DAY <b>HOURS</b>   <b>MINS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 24, 1925</b>		9a. STATE OF BIRTH (if not U.S.A. name country) <b>Dansk</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>g</b>		11. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		12. SURVIVING SPOUSE (if wife, give maiden name)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Own Business</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>133 South 6th Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle - Last - Suffix)	
17. MOTHER/PARENT - NAME (First Middle Last Suffix)		18a. INFORMANT - NAME (Type or Print) <b>Gary MILLS</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box #29 Panaca, Nevada 89042</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>RICHARD KATSCHKE M.D.</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>June 24, 2014</b>		21c. HOUR OF DEATH <b>09:38</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
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) <b>Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008</b>		23b. LICENSE NUMBER <b>10509</b>		24a. REGISTRAR (Signature) <b>NICOLE SHORE</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 02, 2014</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)	
PART I (a) <b>Cardiac Failure</b>		Interval between onset and death <b>Months</b>		DUE TO, OR AS A CONSEQUENCE OF	
(b) <b>Congestive Heart Failure</b>		Interval between onset and death <b>Years</b>		DUE TO, OR AS A CONSEQUENCE OF	
(c) <b>Coronary Artery Disease</b>		Interval between onset and death <b>Years</b>		DUE TO, OR AS A CONSEQUENCE OF	
(d)		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) <b>No</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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 COPY OF VITAL RECORDS

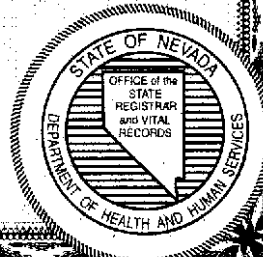
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

07/02/2014

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

*R. D. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED



STATE OF NEVADA  
DECLARATION OF VALUE

Recording requested By  
LAUREL ANN & GARY E. MILLS

Lincoln County - NV  
Leslie Boucher - Recorder

Page 1 of 1 Fee: \$17.00  
Recorded By: AE RPTT:  
Book- 288 Page- 0495

- 1. Assessor Parcel Number(s)
  - a. 002-192-06
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_

- 2. Type of Property:
 

<ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Vacant Land</li> <li>c. <input type="checkbox"/> Condo/Twnhse</li> <li>e. <input type="checkbox"/> Apt. Bldg</li> <li>g. <input type="checkbox"/> Agricultural</li> <li><input type="checkbox"/> Other</li> </ul>	<ul style="list-style-type: none"> <li>b. <input checked="" type="checkbox"/> Single Fam. Res.</li> <li>d. <input type="checkbox"/> 2-4 Plex</li> <li>f. <input type="checkbox"/> Comm'l/Ind'l</li> <li>h. <input type="checkbox"/> Mobile Home</li> </ul>
--	--

FOR RECORDERS OPTIONAL USE ONLY	
Book _____	Page: _____
Date of Recording: _____	
Notes: _____	

- 3.a. Total Value/Sales Price of Property \$ \_\_\_\_\_
- b. Deed in Lieu of Foreclosure Only (value of property ( \_\_\_\_\_ )
- c. Transfer Tax Value: \$ \_\_\_\_\_
- d. Real Property Transfer Tax Due \$ \_\_\_\_\_

**4. If Exemption Claimed:**

- a. Transfer Tax Exemption per NRS 375.090, Section 4
- b. Explain Reason for Exemption: removing joint tenant due to death  
No consideration

- 5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature Laurel Ann Mills Capacity: Grantor

Signature Gary E. Mills Capacity: Grantee

**SELLER (GRANTOR) INFORMATION (REQUIRED)**

Laurel  
Print Name: Ann Mills and Gary Mills &  
Address: P.O. Box 429 George Romanow  
City: Panaca  
State: Nevada Zip: 89043

**BUYER (GRANTEE) INFORMATION (REQUIRED)**

Laurel  
Print Name: Ann Mills and Gary Mills &  
Address: P.O. Box 429 George Romanow  
City: Panaca  
State: Nevada Zip: 89043

**COMPANY/PERSON REQUESTING RECORDING (Required if not seller or buyer)**

Print Name: \_\_\_\_\_ Escrow # \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_