

DOC # 0145756

07/24/2014

03:23 PM

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 288 Page- 0577

A.P.N. 001-043-06

Recording Requested By:
Cow County Title Co.

When Recorded Mail To:
COW COUNTY TITLE CO
761 RAINDANCE DR.
PAHRUMP, NV 89048



CCT 46974

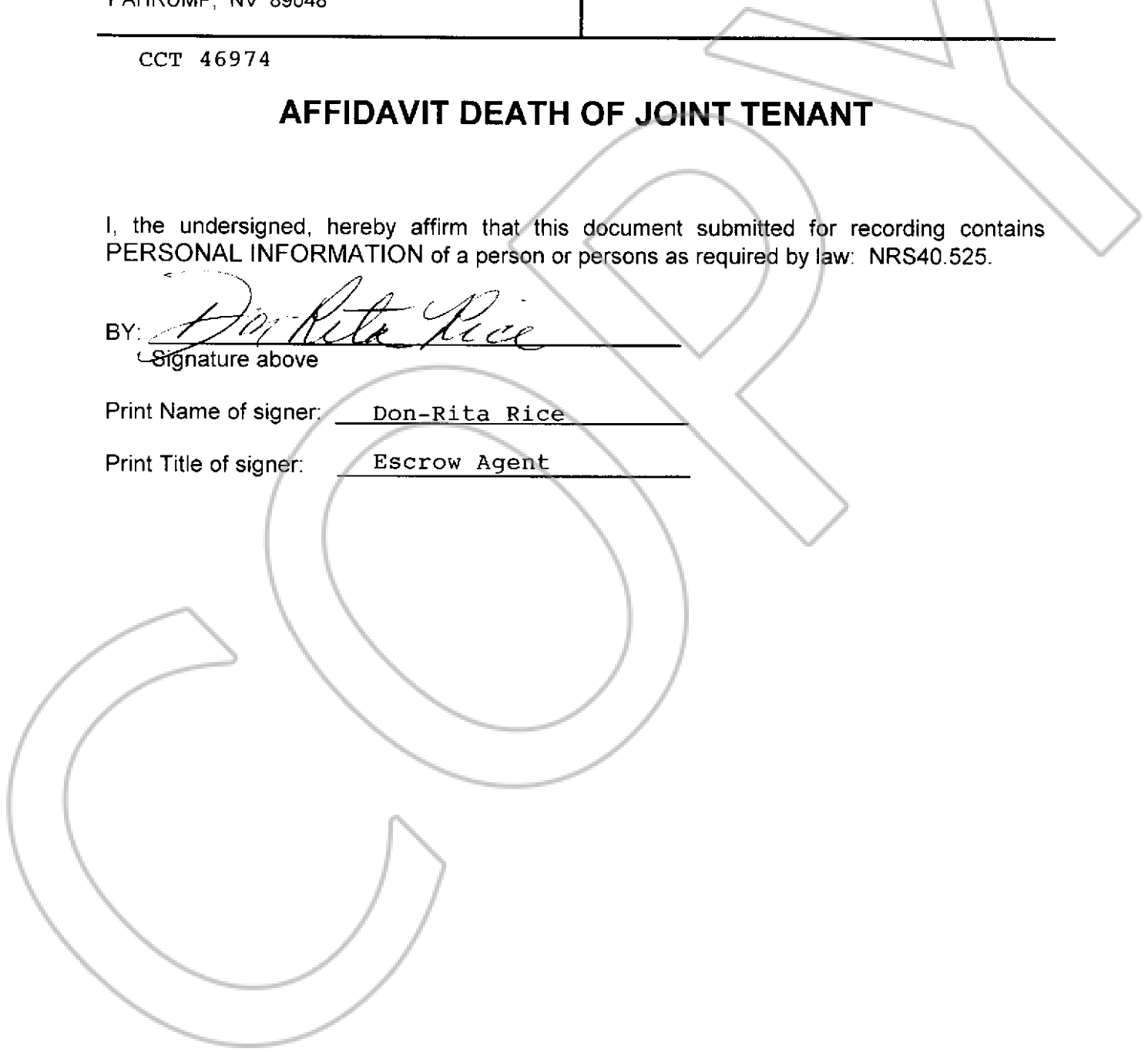
AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS40.525.

BY: *Don-Rita Rice*
Signature above

Print Name of signer: Don-Rita Rice

Print Title of signer: Escrow Agent





APN: 001-043-06

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WHEN RECORDED MAIL TO:
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AFFIDAVIT DEATH OF JOINT TENANT

STATE OF NEVADA
COUNTY OF CLARK

CHARLES GUY COTTINO, of legal age, being first duly sworn, deposes and says:

That AGNES D. COTTINO, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as AGNES D. COTTINO, named as one of those parties in that certain Joint Tenancy Deed dated August 16, 1985, executed by AGNES D. COTTINO to AGNES D. COTTINO and CHARLES GUY COTTINO as joint tenants, recorded August 16, 1985 in Book 67 of Official Records, page 7 as File No. 83235, Lincoln County, Nevada records, covering the real property situate in the County of Lincoln, State of Nevada, described as follows:

All of Lots 6, 7, 3, 11 and 12 in Block 52 in the Town of Pioche, as delineated and described on the Official Plat of the Northeast Addition to said Town of Pioche, now on file and of record in the Office of the County Recorder of said Lincoln County, and to which plat and the records thereof reference is hereby made for further particular description.

DATE: 7/3/14

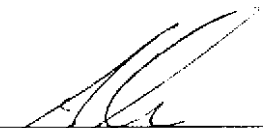
Charles Guy Cottino
CHARLES GUY COTTINO



0145756

STATE OF Nevada
COUNTY OF Clark

This instrument was acknowledged before me on July 3rd 2014
by CHARLES GUY COTTINO.



Notary Public

ANGELINA JENSEN
NOTARY PUBLIC STATE OF NEVADA
COUNTY OF CLARK
APPOINTMENT EXPIRES 12/01/2017
Certificate No 05-101697-1

COPY

DEPARTMENT OF HUMAN RESOURCES
I - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
1. Agnes Delora COTTINO		2. February 18, 2007		3a. Clark			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify)		SEX	
3b. Las Vegas		3c. Silver Hills Health Care Center		3e. Inpatient		4. Female	
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)		DATE OF BIRTH (Mo., Day, Yr.)	
5. White		6.		7a. 88		8. July 1, 1918	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Nevada		9b. USA		10. 12		11. Widowed	
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. Social Worker		14b. State Government			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Clark		15c. Las Vegas		15d. 4423 Peaceful Heights	
INSIDE CITY LIMITS (Specify Yes or No)		FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last			
15e. Yes		16. Charles Parshall Slaughter		17. Eva Hulse			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. C. Guy Cottino - Son		18b. 4423 Peaceful Heights, Las Vegas, Nevada 89129					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Pioche IOOF Cemetery		19c. Pioche Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. <i>[Signature]</i>		20b. 49		20c. MOAPA VALLEY MORTUARY PO Box 797, Logandale, Nevada 89021			
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH		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.	
21a. <i>[Signature]</i>		21b. 2-20-07		21c. 1100		22a. <i>[Signature]</i>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo., Day, Yr.)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo., Day, Yr.)	
21d.		22b.		22c.		22d. ON	
22e. AT		22e. AT		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		LICENSE NUMBER					
23a. Gopalakrishna Leela, MD 653 Towne Center, Las Vegas, NV 89144		23b. 11458					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. <i>[Signature]</i>		24b. FEB 20 2007		24c. 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		Interval between onset and death			
(a) End stage debility		(a)		Interval between onset and death			
DUE TO, OR AS A CONSEQUENCE OF:		(b)		Interval between onset and death			
(b)		(c)		Interval between onset and death			
(c)		PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			
26. NO		AUTOPSY (Specify Yes or No)		27. NO			
26. NO		27. NO		27. NO			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c.		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION.		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

STATE REGISTRAR

No. 348019

"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 20 2007

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