

Official Record

Recording requested By
COW COUNTY TITLE CO

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: HB

Book- 297 Page- 0600



A.P.N. No.:	001-035-02
Escrow No.:	76026
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
Shirley L. Hughes	
4329 Eugene Ave	
Las Vegas, NV 89108	

(for recorders use only)

AFFIDAVIT DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

X I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law:

_____ (State specific law)

Don-Rita Rice
Signature

Escrow Agent
Title

Don-Rita Rice
Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



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Book 297
Page 601

08/21/2015
Page 2 of 4

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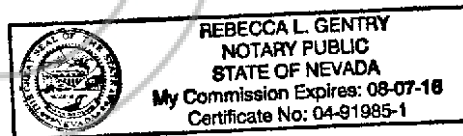
SHIRLEY L. HUGHES, of legal age, being first duly sworn, deposes and says: That WILLIAM J. HUGHES, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM J HUGHES named as one of the parties in that certain Grant, Bargain, Sale Deed dated July 26, 1999 executed by WYOMA DILLS, a married woman as her sole and separate property, to WILLIAM J. HUGHES and SHIRLEY L. HUGHES, husband and wife as joint tenants recorded August 2, 1999 in Book 143 of Official Records, page 126 as File No. 113145, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

See Exhibit "A" attached hereto and by reference made a part hereof for complete legal description.

Dated: July 29, 2015

Shirley L. Hughes
SHIRLEY L. HUGHES

State of Nevada
County: of Clark



This instrument was acknowledged before me on Aug 17, 2015
By Shirley L. Hughes

Signature: *Rebecca L. Gentry*
Notary Public

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

CERTIFICATE OF DEATH

2011019393 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

Form with fields for: 1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) William J HUGHES; 2. DATE OF DEATH (Mo/Day/Year) December 13, 2011; 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) 4329 Eugene Avenue Las Vegas NV 89108; 3d. SEX Male; 5. RACE White; 6. Hispanic Origin? Specify No - Non-Hispanic; 7a. AGE-Last birthday (Years) 74; 7b. UNDER 1 YEAR; 7c. UNDER 1 DAY; 8. DATE OF BIRTH (Mo/Day/Yr) February 17, 1937; 9a. STATE OF BIRTH (if not U.S.A., name country) Kentucky; 9b. CITIZEN OF WHAT COUNTRY United States; 10. EDUCATION 16; 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married; 12. SURVIVING SPOUSE (if wife, give maiden name) Shirley BARKER; 13. SOCIAL SECURITY NUMBER; 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Retired Air Force; 14b. KIND OF BUSINESS OR INDUSTRY Government; Ever in US Armed Forces? Yes; 15a. RESIDENCE - STATE Nevada; 15b. COUNTY Clark; 15c. CITY, TOWN OR LOCATION Las Vegas; 15d. STREET AND NUMBER 4329 Eugene Avenue; 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes; 16. FATHER/PARENT - NAME (First Middle Last Suffix) Willard HUGHES; 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Theresa RICHARDSON; 18a. INFORMANT - NAME (Type or Print) Shirley HUGHES; 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4329 Eugene Avenue Las Vegas, Nevada 89108; 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; 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) STEVEN DOUGLAS LAMPINEN M.D. SIGNATURE AUTHENTICATED; 21b. DATE SIGNED (Mo/Day/Yr) December 14, 2011; 21c. HOUR OF DEATH 03:54; 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER; 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) Steven Douglas Lampinen M.D. 517 Rose Street Las Vegas, NV 89106; 23b. LICENSE NUMBER 8754; 24a. REGISTRAR (Signature) NINETTE HARRINGTON SIGNATURE AUTHENTICATED; 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2011; 24c. DEATH DUE TO COMMUNICABLE DISEASE YES NO X; 25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cardiopulmonary arrest; (b) Lung cancer; (c) Coronary artery disease; (d); PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.; 26a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify); 26b. DATE OF INJURY (Mo/Day/Yr); 26c. HOUR OF INJURY; 26d. DESCRIBE HOW INJURY OCCURRED; 26e. INJURY AT WORK (Specify Yes or No); 26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify); 26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE; 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes

STATE REGISTRAR

Information Corrected, State Affidavit# 56283, 01/06/2012 - 25b 25c

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:

JAN 06 2012

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

Signature of Registrar

STATE REGISTRAR

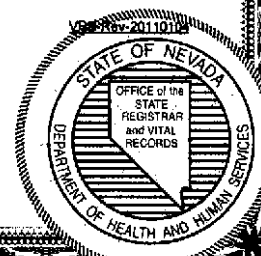




EXHIBIT "A" LEGAL DESCRIPTION

File No.: 76026

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

All of lot numbered Fifteen (15) and the adjoining Four (4) feet of lot numbered Fourteen (14) in Block numbered Thirty-nine (39) in the Town of Pioche, Lincoln County, Nevada as said lot and block are platted and described on the Official Plat of said Town of Pioche, now on file and of record in the Office of the County Recorder of said Lincoln County, Nevada and to which plat and the records thereof reference is hereby made for further particular description.

ASSESSOR'S PARCEL NUMBER FOR 2015-2016: 001-035-02