



APN 002-043-13

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)

Shain G. Manuele Attorney
Signature Title

SHAIN G. MANUELE, ESQ

Print

09/25/2015

Date

Grantees address and mail tax statement:
RONALD PAMER
P.O. BOX 553
PANACA, NEVADA 89042



APN: 002-043-13

When recorded mail to:

Ronald Palmer
P.O. Box 553
Panaca, NV 89042

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Ronald Palmer hereby swears under penalty of perjury, that the following assertions are true of his 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, Ronald Palmer, along with Louise Palmer (deceased), acquired certain real property as joint tenants in the certain Deed dated November 20, 1992 and recorded as Document number 099643 in Book 104 Page 177 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 is known as 445 NORTH 3rd St., Panaca, Lincoln County, Nevada, and more specifically described as follows:

APN #002-043-13,

In or near Panaca Town, Lincoln County, Nevada and situate within the S1/2 of lot 2, block 19, Panaca Townsite, within the SW1/4 of the SW1/4 of Section 4, and the SE1/4 of the SE1/4 of Section 5, TWP 2 South, R 68 East, M.D.B. & M., more particularly described as: Beginning at point 70.00 feet North of the SE corner of lot 2, block 19, Panaca town-site, which is the SE Corner of this parcel, from which the SW Corner of said Sec. 4 bears South 10 deg. 22 min. 48 Sec. West a distance 264.30 feet more or less; thence South 89 deg. 47 min. 18 sec. West a distance of 253.00 feet more or less to the SW Corner; thence North 0 deg. 12 min. 42 sec. W a distance of 50 feet to the NW Corner; thence North 89 deg. 47 min. 18 sec. East a distance of 253.00 feet to the NE Corner; thence South 0 deg. 12 min 42 sec. East a distance of 50.00 feet to the point of beginning, and containing .29 acres, more or less.



4. Louise Palmer, one of the grantees named in said Deed, died on December 16, 2014, and a copy of the Death Certificate is attached hereto as Exhibit A.

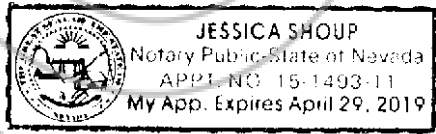
Ronald Palmer

RONALD PALMER

SUBSCRIBED and SWORN to before me
This 28th day of September, 2015.

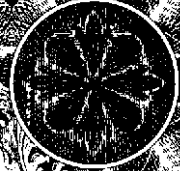
Jessica Shoup

NOTARY PUBLIC





STATE OF NEVADA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2014021290 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

Main form containing fields for deceased name (Myrna Louise PALMER), date of death (December 16, 2014), location (Caliente), hospital (Grover C Dils Medical Center), parents (Verd WILSON, Erma), certifier (R. WILLIAM KATSCHKE), registrar (RHONDA PENA), and cause of death (Cardiopulmonary Failure, Malnutrition, Metastatic Ovarian Cancer).

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:

1/14/2015

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

Signature of Registrar: R. [Signature] SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

