DOC # 0148548

11/10/2015

04:21 PM

Official Record
Recording requested By
DYLAN V. FREHNER

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$16.00

Page 1 of 3 Recorded By: AE

Book- 299 Page- 0411

APN: 001-092-35

When recorded mail to:

Leo Schafer P.O. Box 754 Pioche, NV 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

- Leo J. Schafer 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 am Leo J. Scahfer, the same person named as Leo J. Schafer, one of the grantees as joint tenants with right of survivorship named in that certain Deed recorded on September 07, 2011 as Document number 0139451 in Book 266 of Real Estate Deeds, Page 571, 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-entitle Deed, is located in the County of Lincoln, State of Nevada, and is known as 685 Main St., Pioche, Lincoln County, Nevada, and more specifically described as follows:

LOT TWENTY-TWO (22) IN BLOCK THIRTY (30), IN THE TOWN OF PIOCHE, COUNTY OF LINCOLN AS SHOWN BY MAP THEREOF FILED AND RECORDED IN THE OFFICE OF THE COUNTY RECORDER, LINCOLN COUNTY, NEVADA.

/// /// /// 4. Delores L. Schafer, also one of the grantees named in said Deed, is the identical Delores Louise Schafer, who died on July 24, 2015, in Murray, Salt Lake County, State of Utah.

Leo J. Schafer

SUBSCRIBED and SWORN to before me

This Gt day of Name , 2013.

NOTARY PUBLIC

AUSHA ADAMS

Control Objects fato of Novade

ACP1, NO. CO. 2573-11

Control Aparts June 17, 2011



CERTIFICATE OF DEATH

State File Number: 2015010073

Delores Louise Schafer

DECEDENT INFORMATION

Date of Death: July 24, 2015 City of Death: Murray

Place of Birth: Hampton, Virginia

Armed Services:

Age:

Spouse's Name:

Industry/Business: Employment Services
Residence: St George, Utah
Wother's Name: Virginia Bratt

Facility or Address: Intermountain Medical Center

68

Time of Death: 22:58
County of Death: Salt Lake

Date of Birth: April 19, 1947 Sex: Female Marital Status: Divorced

Usual Occupation: Business Owner

Education: Some College but No Degree

Father's Name: Walter DeBurgh Facility Type: Hospital Inpatient

INFORMANT INFORMATION

Name: Leo H Schafer Relationship: Son

Mailing Address: 887 Clear Diamond Ave, Las Vegas, Nevada 89123

DISPOSITION INFORMATION

Method of Disposition: Cremation

Place of Disposition: Independent Professional Services, Taylorsville, Utah

Date of Disposition: July 28, 2015

FUNERAL HOME INFORMATION

Funeral Home: Premier Funeral Services

Address: 7043 Commerce Park Drive, Salt Lake City, Utah 84047

Funeral Director: J Heath Holverson

MEDICAL CERTIFICATION

Medical Professional: Sunny Pandita, 5801 South Fashion Blvd, Ste. 280, 5121 Cottonwood Street, Salt Lake City,

Utah 84107

CAUSE OF DEATH

Chronic Respiratory Failure (Onset: 1 Month)

Due to (or as a consequence of): Multifocal Bilateral Pneumonia with Methicillin-Resistant Staphylococcus Aureus [Onset:

7 Months]

Other significant conditions: Hx of Small Cell Lung Cancer Status Post Radiation, Chronic Obstructive Pulmonary

Disease

Tobacco Use: Probably Contributed

Date Registered: July 27, 2015 Date Issued: August 6, 2015

AMENDMENT HISTORY

08/04/2015 Decedent First Name from Deloris to Detores 08/04/2015 Mother First Name from Delores to Virginia

08/04/2015 Informant Address 1 from 887 Clear Dimond Ave to 887 Clear Diamond Ave

This is an exact reproduction of the facts registered in the Utah State Office of Vital Records and Statistics.

Security features of this official document include: Intaglio Border, V & R images in top cycloids, and intaglio microtext. This document displays the date, seal and signature of the Utah State Registrar and the County/District Health Officer.

Janice L. Houston State Registrar



Gary L. Edwards Director/Health Officer County/District Health Department

