



APN: 002-072-15

When Recorded, Please Return To:
Heritage Law Group, P.C.
1625 Highway 88, Suite 304
Minden, Nevada 89423

Mail Future Tax Statements To:
Ms. Mary Love-Isom
4305 Adelphi Ave.
Las Vegas, NV 89120

AFFIDAVIT OF DEATH

The attached document does contain the social security number of a person as required by NRS 440.380.

Mary Love Isom, being of sound mind and body, hereby testifies:

That she is over the age of 18,

That all of the real property situated in the State of Nevada, County of Lincoln, more precisely described as:

See "Exhibit A"

was held by Barry C. Isom and Mary Love Isom, who acquired joint tenancy by Grant, Bargain and Sale Deed No. 127755 recorded on November 2, 2006,

That Barry C. Isom passed away on April 9, 2012, as identified in Certificate of Death # 2012005628, issued by the State of Nevada,

That pursuant to the rules of survivorship, Mary Love Isom is the survivor and now holds this property as a single woman as her sole and separate property.

That this information is offered with personal knowledge and declared under penalty of perjury.

Pursuant to NRS 111.312, the above legal description previously appeared in Grant, Bargain and Sale Deed No. 127755 recorded on November 2, 2006.

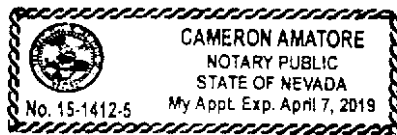
Date: November 16, 2015

Mary Love Isom

State of Nevada)
Douglas County)

This instrument was acknowledged before me on November 16, 2015, by Mary Love Isom.

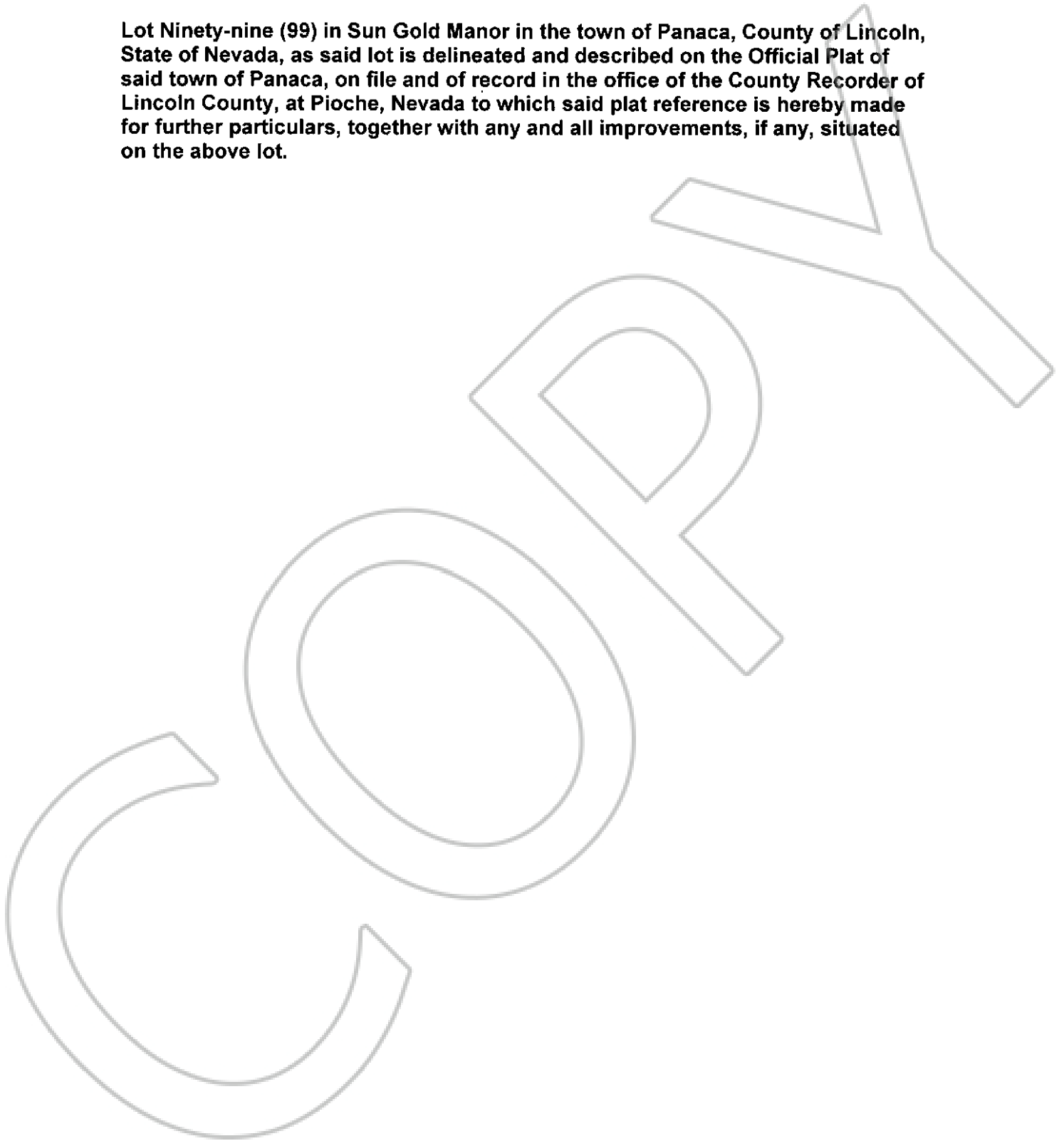
Signature
Notary Public





“Exhibit A”

Lot Ninety-nine (99) in Sun Gold Manor in the town of Panaca, County of Lincoln, State of Nevada, as said lot is delineated and described on the Official Plat of said town of Panaca, on file and of record in the office of the County Recorder of Lincoln County, at Pioche, Nevada to which said plat reference is hereby made for further particulars, together with any and all improvements, if any, situated on the above lot.



STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2012005628

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) Barry Craig ISOM		2. DATE OF DEATH (Mo/Day/Year) April 09, 2012		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Rural Clark County		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) US 93 at Mile Marker 69		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Roadway	
4. SEX Male		5. RACE - White (Specify)		6. DATE OF BIRTH (Mo/Day/Yr) October 16, 1947	
7a. AGE Last birthday (Years) 64		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 16, 1947		9a. STATE OF BIRTH (if not U.S.A., name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Mary LOVE	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Sand And Gravel	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER PO Box 103		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) John ISOM	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Olive ABBOTT		18a. INFORMANT - NAME (Type or Print) Mary LOVE-ISOM		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 103 Panaca, Nevada 89042	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD C BOBO SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 252		20c. NAME AND ADDRESS OF FACILITY Bunker's Mortuary 925 N Las Vegas Blvd 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) P MICHAEL MURPHY CORONER SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) April 12, 2012		21c. HOUR OF DEATH 12:55		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) P MICHAEL MURPHY CORONER SIGNATURE AUTHENTICATED	
22b. DATE SIGNED (Mo/Day/Yr) April 12, 2012		22c. HOUR OF DEATH 12:55		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 09, 2012	
22e. PRONOUNCED DEAD AT (Hour) 12:55		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) P Michael Murphy CORONER 1704 Pinto Lane Las Vegas, NV 89106		23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 12, 2012		24c. DEATH DUE TO COMMUNICABLE DISEASE 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 (a) Multiple blunt force motorcycle trauma DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d)					
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) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT	
28b. DATE OF INJURY (Mo/Day/Yr) April 09, 2012		28c. HOUR OF INJURY 1115		28d. DESCRIBE HOW INJURY OCCURRED Helmeted motorcycle pilot who rear-ended a vehicle	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) Highway		28g. LOCATION - STREET OR R.F.D. No. CITY OR TOWN STATE US-93 at Mile Marker 69 Rural Clark County Nevada	

STATE REGISTRAR

"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 Southern Nevada 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 SOUTHERN NEVADA HEALTH DISTRICT

Lawrence K. Sands, D.O., M.P.H.
Registrar of Vital Statistics

By: [Signature]
Date Issued:

APR 13 2012