



APN 03-131-01

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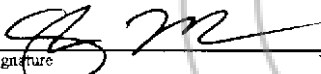
AFFIDAVIT OF DEATH OF JOINT TENANT

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)

 ATTORNEY
Signature Title

SHAIN G. MANUELE
Print

11/24/15
Date

Grantees address and mail tax statement:

Lavette Lee

PO Box 336

Caliente, Nevada 89008



APN: 03-131-01

When recorded mail to:

Lavette Marie Lee
P.O. Box 336
Caliente, NV 89008

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Lavette Marie Lee hereby swears under penalty of perjury, that the following assertions are true of her 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, Lavette Marie Lee, along with Charlie Richard Lee (deceased), acquired certain real property as joint tenants in the certain Deed dated May 31, 2002 and recorded as Document number 0118227 in Book 164 Page 53 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 1030 Lincoln Street, Caliente, Lincoln County, Nevada, and more specifically described as follows:

APN #03-131-01,
Lot Nineteen (19) in Block "A" of the James H. Gottfredson Addition to the City of Caliente, as shown on the official plat of said addition filed August 9, 1963 in the Office of the County Recorder of said Lincoln County, Nevada.


4. Charlie Richard Lee, one of the grantees named in said Deed, died on August 24, 2011, and a copy of the Death Certificate is attached hereto as Exhibit A.

Lavette Marie Lee
LAVETTE MARIE LEE

SUBSCRIBED and SWORN to before me
This 24th day of November, 2015.

Jessica Shoup

NOTARY PUBLIC

 JESSICA SHOUP
Notary Public-State of Nevada
APPT. NO. 15-1493-11
My App. Expires April 29, 2019



NEVADA
OF VITAL RECORD



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

2011013209
 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) Charlie Richard LEE		2. DATE OF DEATH (Mo/Day/Year) August 24, 2011		3a. COUNTY OF DEATH White Pine	
3b. CITY, TOWN, OR LOCATION OF DEATH Preston		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) RV Park at Lanes Truck Stop, Highway 318		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient/(Specify) Camp Trailer	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 67		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 17, 1944		9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Lavette Marie ROWE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Owner		14b. KIND OF BUSINESS OR INDUSTRY Contract Trucking	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 715 Cliffhouse Drive, Highway 93 South		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charlie LEE	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elsie SCHAUER		18a. INFORMANT - NAME (Type or Print) Lavette M LEE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 336 Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME The Gardens		19c. LOCATION City or Town State Fallon Nevada 89406	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) RICHARD J SHIELDS <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 12		20c. NAME AND ADDRESS OF FACILITY Mt. Vista Chapel PO BOX 151707 Ely NV 89315	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) LUKE SHADY <i>SIGNATURE AUTHENTICATED</i>			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)		
21b. DATE SIGNED (Mo/Day/Yr) August 26, 2011		21c. HOUR OF DEATH 19:06		22b. DATE SIGNED (Mo/Day/Yr) August 24, 2011	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 19:06		22d. PRONOUNCED DEAD (Mo/Day/Yr) August 24, 2011	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Luke Shady 1785 Great Basin Blvd Ely, NV 89301			
23b. LICENSE NUMBER 218		24a. REGISTRAR (Signature) CHRISTINA GRIFFITH <i>SIGNATURE AUTHENTICATED</i>			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 29, 2011		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) Acute Coronary Disease Interval between onset and death					
(b) Heart Disease, Diabetes and High Blood Pressure Interval between onset and death					
(c) Due to, or as a consequence of: Interval between onset and death					
(d) Due to, or as a consequence of: Interval between onset and death					
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)		28b. DATE OF INJURY (Mo/Day/Yr)	
28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED			
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

STATE REGISTRAR

3611375

VRS-Rev. 20110104

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: **09/02/2011**

Rud White
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

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

