

APN 03-174-19

APN _____

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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)

Shain G. Manuele _____
Signature Title ATTORNEY

SHAIN G. MANUELE
Print

11/24/15
Date

Grantees address and mail tax statement:

Lavette Lee

PO Box 336

Caliente, Nevada 89008



APN: 03-174-19

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 M. 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 M. Lee, along with Charlie R. Lee (deceased), acquired certain real property as joint tenants in the certain Deed dated November, 17, 2003 and recorded as Document number 121473 in Book 181 Page 127 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 215 Clover Street, Caliente, Lincoln County, Nevada, and more specifically described as follows:

APN #03-174-19,
THAT CERTAIN PARCEL OF LAND SITUATE WITHIN THE
NORTH HALF (N ½) OF THE SOUTHWEST QUARTER (SW ¼) OF
SECTION 8, TOWNSHIP 4 SOUTH, RANGE 67 EAST, M.D.B. AND
M., BEING A PORTION OF THE MODERN TWONSITE OF
CALIENTE, NEVADA MORE PARTICULARLY DESCRIBED AS
FOLLOWS:

LOT 1-B AS SHOWN ON PARCEL MAP FILED APRIL 25, 1991 IN
THE LINCOLN COUNTY RECORDER'S OFFICE IN BOOK A OF
PLATS, PAGE 340 AS FILE NO.96562, LINCOLN COUNTY,
NEVADA.

EXCEPTING AND RESERVING ALL MINERALS, COAL,
CARBONS, HYDROCARBONS, OIL, GAS, CHEMICAL ELEMENTS



AND COMPUNDS, WHETHER IN SOLID, LIQUID OR GASEOUS FORM AND ALL STEAM AND OTHER FORMS OF THERMAL ENERGY ON, IN OR UNDER THE ABOVE DESCRIBED LAND NOT PREVIOUSLY RESERVED AS RESERVED IN A DEED RECORDED DECEMBER 15, 1988 IN BOOK 83 OF OFFICIAL RECORDS, PAGE 412 AS DOCUMENT NO. 90453.

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

DECEASED

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 MIN | 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 | | 15. Ever in US Armed Forces? Yes |
| 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) LUKE SHADY <i>SIGNATURE AUTHENTICATED</i> | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 26, 2011 | | 21c. HOUR OF DEATH 19:06 | | 22b. DATE SIGNED (Mo/Day/Yr) August 26, 2011 | | 22c. HOUR OF DEATH 19:06 |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) August 24, 2011 |
| 22e. PRONOUNCED DEAD AT (Hour) 19:06 | | | | | | |
| 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

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.

