

APN: 01-043-04 and 01-043-05

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:

**ALL OF LOTS NUMBERED THREE (3), FOUR (4) AND FIVE (5) IN BLOCK NUMBERED FIFTY-TWO (52) OF THE NORTHEAST ADDITION TO THE TOWN OF PIOCHE, AS SAID LOTS AND BLOCK ARE DELINEATED AND SHOWN ON THE PLAT OF SAID ADDITION NOW ON FILE AND OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN COUNTY NEVADA.**

was held by Barry C. Isom and Mary Love-Isom, who acquired joint tenancy by Grant, Bargain and Sale Deed No. 132918 recorded on November 12, 2008,

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. 132918 recorded on November 12, 2008.

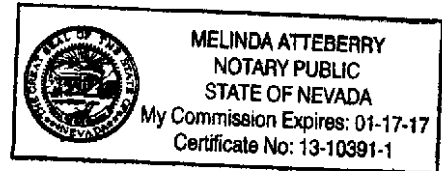
Date: 12/18/15, 2015

Mary Love-Isom  
Mary Love-Isom

State of Nevada )  
County of CLATSOP )

This instrument was acknowledged before me on December 18, 2015, by Mary Love-Isom.

Signature Melinda Atteberry  
Notary Public



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. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR NOS		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		Ever in US Armed Forces?	
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	
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) P MICHAEL MURPHY CORONER SIGNATURE AUTHENTICATED			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		
21b. DATE SIGNED (Mo/Day/Yr) April 12, 2012		21c. HOUR OF DEATH 12:55		22b. DATE SIGNED (Mo/Day/Yr) April 12, 2012	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) DUE TO, OR AS A CONSEQUENCE OF:					
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