

Official Record

Recording requested By
COW COUNTY TITLE CO

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$16.00 Page 1 of 3
RPTT: Recorded By: HB
Book- 300 Page- 0669



0148816

A.P.N. No.:	002-151-06
Escrow No.:	76388
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
E. ALMA ERNST	
546 N 1120 E	
OREM, UT 84097	

(for recorders use only)

AFFIDAVIT DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

X I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 40.525
(State specific law)

Don-Rita Rice ESCROW AGENT
 Signature Title

Don-Rita Rice
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)



CCT 76388

AFFIDAVIT DEATH OF JOINT TENANT

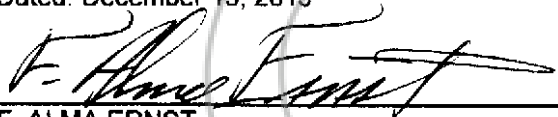
F. ALMA ERNST, of legal age, being first duly sworn, deposes and says: That ELIZA CATHERINE ERNST, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CATHERINE ERNST named as one of the parties in that certain Grant, Bargain, Sale Deed dated March 23, 1976 executed by BEULAH FERNE PETERS, a widow, to FRANKLIN F. ERNST and CATHERINE ERNST, his wife, as joint tenants recorded April 2, 1976 in Book 16 of Official Records, page 546 as File No. 57889, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

All that certain real property situate in the County of , State of Nevada, described as follows:

The South Half (S1/2) of the North Half (N1/2) of Lot 3 in Block 26 in the TOWN OF PANACA, County of Lincoln, State of Nevada as shown on the Official Map thereof recorded March 6, 1922 in the Book A of Plats, page 34, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2015 - 2016: 002-151-06

Dated: December 15, 2015

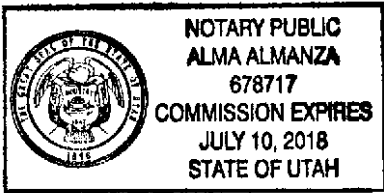

F. ALMA ERNST

State of Utah

County: of Utah

This instrument was acknowledged before me on December 17, 2015.
By: F. ALMA ERNST

Signature: 
Notary Public





NEVADA

DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

94 012563

LOCAL FILE NUMBER		DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)		STATE FILE NUMBER	
		1. Eliza Catherine ERNST		2. December 27, 1994		3a. Lincoln	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		If Hosp. or Inst. indicate DOA, OP/Emr. Am. Inpatient (Specify)		SEX	
3b. Panaca		3c. 415 Ernst Street		3e. 7		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input checked="" type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		AGE—Last Birthday (Years)		UNDER 1 YEAR UNDER 1 DAY	
5. White		6.		7a. 80		7b. : DAYS 7c. : HOURS : MINS	
STATE OF BIRTH (If not U.S.A., name country)		CITIZEN OF WHAT COUNTRY		Decedent's Education. Specify highest grade completed.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
9a. Utah		9b. U.S.A.		10. 13		11. Married	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)		SURVIVING SPOUSE (If wife, give maiden name)			
13. [REDACTED]		14a. Supervisor 174		12. Franklin Ernst			
KIND OF BUSINESS OR INDUSTRY		14b. 871 Caliente Youth Center					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
15a. Nevada		15b. Lincoln		15c. Panaca		15d. 415 Ernst St.	
INSIDE CITY LIMITS (Specify Yes or No)		15e. Yes					
FATHER—NAME First Middle Last		MOTHER—MAIDEN NAME First Middle Last					
16. Jonathan Alma Hunt		17. Mignonette Bauer					
INFORMANT—NAME (Type or Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)					
18a. Franklin F. Ernst		18b. P.O. Box 166 Panaca, Nevada 89042					
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State			
19a. Burial		19b. Panaca Cemetery		19c. Panaca, Nevada			
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		FUNERAL DIRECTOR LICENSE NUMBER		NAME AND ADDRESS OF FACILITY			
20a. [Signature]		20b. 15		20c. P.O. Box 994 Caliente, Nevada 89008			
21. To the best of my knowledge (deal) occurred at the time, date and place and due to the cause(s) stated.		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) and manner stated.					
(Signature and Title)		(Signature and Title)					
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21b. 12-28-94		21c. 1853		22b.		22c.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)			
21d.		22d. ON		22e. AT			
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print.)		LICENSE NUMBER					
23a. Joseph Wilkin MD, P.O. Box 472 Panaca, Nevada 89042		23b. 3849					
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE			
24a. [Signature]		24b. 12-28-94		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death					
PART I (a) Cardiac pulmonary arrest		: minute					
(b) Metastatic Cancer to Brain		: Year					
(c) Breast Cancer		: Years					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
26. No		27. Yes					
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
28a.		28b.		28c. M		28d.	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No. CITY OR TOWN STATE	
28e.		28f.		28g.			

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE OF DEATH

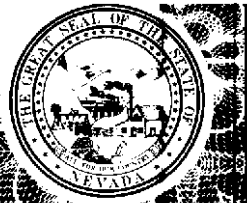


I hereby certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva
 Deputy Registrar

No. 067735

Issued: JAN 19 1995



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT