

Official Record

Recording requested By  
PATRICIA E. ROGERS

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$18.00

Page 1 of 5

RPTT:

Recorded By: HB

Book- 301 Page- 0295



0148932

APN 012-230-26

APN \_\_\_\_\_

APN \_\_\_\_\_

**Affidavit Death of a 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: \_\_\_\_\_  
(State specific law)

Patricia E. Rogers  
Signature

Patricia E. Rogers  
Print

3-4-16  
Date

**Grantees address and mail tax statement:**

Patricia Rogers  
P.O. Box 175  
Caliente, NV 89008



APN #: 012-230-26

**Recording Requested By:**

Patricia Rogers

**When Recorded Mail Tax Statements to:**

Name: Dennis I. Wing

Address: P.O. Box 175

City/State/Zip: Caliente, NV 89008

**AFFIDAVIT- DEATH OF A JOINT TENANT**

STATE OF NEVADA

COUNTY OF LINCOLN

s.s.

I, Patricia Rogers, first being duly sworn, deposes and says:

1. I am the widow of Dennis I. Wing.
2. Dennis I. Wing and Sally Wing are joint tenants with rights of survivorship.
3. A joint tenancy with right of survivorship was created with the execution of a Joint Tenancy Deed on June 11, 1999, recorded at the Lincoln County Recorder's Office as instrument no. 112935, Book no. 142, Page 310.
4. The property subject to the joint tenancy is the real property described as follows:  
Parcel No. 13 as shown on Parcel Map of Gary A. Carrigan, filed in the Office of the County Recorder on May 12, 1998 in Book 8, Page 114 of Plats as File No. 110957, located in the portion of the E 1/2 SW 1/4, Section 35, Township 2 South, Range 67 East M.D.B.M.

Excepting therefrom all the oil, sodium and potash in the lands so patented as reserved by the United States of America, in Deed recorded June 21, 1971, in Book 1, Page 509, Official Records of Lincoln County, Nevada.

APN 012-230-26



- 5. Sally Wing predeceased Dennis I. Wing in Lincoln County, Nevada on September 1, 2007. See Certificate of Death attached as Exhibit A.
- 6. Nevada Revised Statutes §111.365 presumes that all title or interest in and to that real property of the predeceased joint tenant has terminated and vested to the sole surviving tenant, Dennis I. Wing.

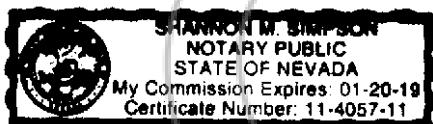
Dated this 4th March day of ~~February~~ 2016.

Patricia Rogers  
Patricia Rogers

State of Nevada, County of ~~Clark~~ Lincoln

The foregoing instrument was acknowledged before me on March 4, ~~January 21<sup>st</sup>~~ 2016.

by ~~x~~ Patricia Rogers ~~x~~.



Shannon M. Simpson  
Notary Public, State of Nevada (Signature)

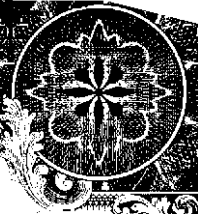
Shannon M. Simpson  
Print Notary Name

My Commission Expires: 01/20/2019



# EXHIBIT A

COPY



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

**2007006936**  
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 Sally			1b. MIDDLE Ann			1c. LAST WING			2. DATE OF DEATH (Mo/Day/Year) September 01, 2007			3a. COUNTY OF DEATH Lincoln					
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente						3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Minnie Street #25						3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify)			4. SEX Female		
5. RACE-(e.g., White, Black, American Indian) (Specify) White				6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic				7a. AGE-Last birthday (Years) 69		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) April 05, 1938			
9a. STATE OF BIRTH (If not U.S.A., name country) Illinois				9b. CITIZEN OF WHAT COUNTRY United States				10. EDUCATION 11		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed				12. SURVIVING SPOUSE (If wife, give maiden name)			
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Homemaker						14b. KIND OF BUSINESS OR INDUSTRY Own Home					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Caliente			15d. STREET AND NUMBER Minnie Street #25			15e. INSIDE CITY LIMITS (Specify Yes or No) Yes					
16. FATHER - NAME (First Middle Last Suffix) Charles William SMITH						17. MOTHER - NAME (First Middle Last Suffix) Ruth MATHIAS											
18a. INFORMANT- NAME (Type or Print) Ruth WHITESIDE						18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 18 Rainbow Canyon Caliente, Nevada 89008											
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation						19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory						19c. LOCATION City or Town State Cedar City Utah					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008									
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) <b>RICHARD WILLIAM KATSCHKE JR. M.D.</b> 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)											
21b. DATE SIGNED (Mo/Day/Yr) September 04, 2007						21c. HOUR OF DEATH 06:52											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. DATE SIGNED (Mo/Day/Yr)			22c. HOUR OF DEATH								
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Richard William Katschke Jr. M.D. P.O. Box 1010 Caliente, NV 89008						23b. LICENSE NUMBER 10509											
24a. REGISTRAR (Signature) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 05, 2007			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) Cardiac Failure																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(b) End Stage Renal Disease																	
DUE TO, OR AS A CONSEQUENCE OF:																	
(c) Diabetes Mellitus II & Congestive Heart Failure																	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.																	
26. AUTOPSY (Specify Yes or No) No			27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No														
28a. ACC. SUICIDE, HOMICIDE, 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

167352

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:

09/14/2007

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

PHN0018111006

**SIGNATURE AUTHENTICATED**

