

Official Record

Recording requested By
MESQUITE TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$40.00 Page 1 of 2
RPTT: Recorded By: HB
Book- 304 Page- 0104



RECORDING REQUESTED BY:
Mesquite Title Company

AND WHEN RECORDED MAIL DOCUMENT
AND TAX STATEMENT TO:

James Clyde Simkins
P. O. Box 143
Panaca, NV 89042

Order No. 18547
Tax I.D. No. 002-103-29

This area reserved for County Recorder

AFFIDAVIT - DEATH OF JOINT TENANT

Beverly H. Simkins, of legal age, being first duly sworn, deposes and says: That James Clyde Simkins, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain dated executed by Loyal S. Phillips and Marie A. Phillips, husband and wife to James Clyde Simkins and Beverly H. Simkins as joint tenants, recorded as Instrument No. 35844, on {{RECORDED_DATE, of Official Records of {{GRANTOR_COUNTY}} County, NV, covering the following described property situated in the County of Lincoln, State of Nevada:

All of Lot Ten (10) of SUN GOLD MANOR UNIT NO. 1, as shown by Plat thereof recorded September 3, 1952 as Doc. No. 27842 in Book "A" of Maps, Page 63 in the office of the County Recorder, Lincoln County, Nevada.

Dated: 6.13, 2016

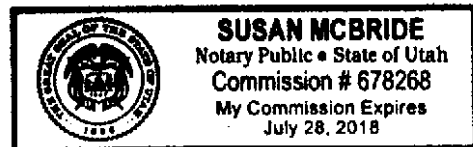
Beverly H. Simkins
Beverly H. Simkins

STATE OF Utah)
COUNTY OF Cache) :SS.

On the 13th June, 2016, personally appeared before me, Beverly H. Simkins, the signer of the within instrument who duly acknowledged to me that he/she executed the same.

Susan McBride
NOTARY PUBLIC

My Commission Expires: 7.28.18





DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

This form is printed under the Vital Statistics Act and Rules

LOCAL FILE NUMBER 11-023		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last) James Clyde Simkins		2. SEX Male	3a. DATE OF DEATH (Mo., Day, Yr.) February 3, 2005
4. DATE OF BIRTH (Mo., Day, Yr.) August 5, 1925		5. AGE - Last Birthday (Years) 79	5b. TIME OF DEATH (24 Hr. Clock) 0052
IF UNDER 1 YEAR: Months Days Hours Minutes		6. BIRTHPLACE (City & State or Foreign Country) St. George, Utah	
7. SOCIAL SECURITY NUMBER [REDACTED]		8a. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home/Long term care facility <input type="checkbox"/> 5. Decedent's Home <input type="checkbox"/> 7. Other (specify)	
8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) Valley View Medical Center		8c. COUNTY OF DEATH Iron	8d. CITY, TOWN OR LOCATION OF DEATH Cedar City
9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		10. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Married, but separated <input type="checkbox"/> 6. Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Beverly Hinton		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired) Section Crew	
12b. KIND OF BUSINESS OR INDUSTRY Union Pacific Railroad		13a. RESIDENCE - STREET AND NUMBER 620 Wadsworth	
13b. STATE Nevada	13c. COUNTY Lincoln	13d. CITY, TOWN, COMMUNITY, OR RURAL Panaca	13e. ZIP CODE 89042
14. FATHER'S NAME (First, Middle, Last) James Willard Simkins		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mannette Pendleton Church	
16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip) Beverly Simkins Wife P.O. Box 183 Panaca, Nevada 89042			
17. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Donation <input checked="" type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Cremation <input type="checkbox"/> 6. Removal		18a. DATE OF DISPOSITION February 7, 2005	
18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place) Panaca Cemetery		19. LICENSEE NUMBER 102993	
20. FUNERAL HOME (Name and complete address) Southern Utah Mortuary 190 North 300 West Cedar City, Utah 84720		21. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>[Signature]</i>	
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.		22a. Was Medical Examiner Contacted? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
M.E. Case No. SIGNATURE & TITLE OF CERTIFIER <i>[Signature]</i> U.C. NO. 362925-1205 DATE SIGNED 2-8-05		23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/print) Dr. Robert E Nakken M.D. 166 W 1325 N Ste 150, Cedar City, Utah	
23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN 2-2-05		24. PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Sequitally list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		25a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: <input type="checkbox"/> 1. Probably contributed to the cause of death. <input type="checkbox"/> 2. Was the underlying cause of death. <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 4. Is unknown in relation to the cause of death. <input checked="" type="checkbox"/> 5. NON USER	
27. MANNER OF DEATH <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Could not be determined <input type="checkbox"/> 6. Pending investigation		28. IF FEMALE <input type="checkbox"/> 1. Not pregnant within past year <input type="checkbox"/> 2. Pregnant at time of death <input type="checkbox"/> 3. Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> 4. Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> 5. Unknown if pregnant within the past year	
29a. DATE OF INJURY (Mo., Day, Yr.)	29b. TIME OF INJURY (24 hr. Clock)	29c. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)
29e. LOCATION (Street or rural route number, city or town, county and state)		29f. DESCRIBE HOW INJURY OCCURRED (Enter sequence of events which resulted in injury; NATURE OF INJURY should be entered in item 24)	
30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No (If yes, check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) <input type="checkbox"/> 1. Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 2. Yes, Cuban <input type="checkbox"/> 3. Yes, Puerto Rican <input type="checkbox"/> 4. Yes, other Spanish/Hispanic/Latino (Specify)		31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> 01. White <input type="checkbox"/> 02. Black or African American <input type="checkbox"/> 03. American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> 04. Chinese <input type="checkbox"/> 05. Japanese <input type="checkbox"/> 06. Native Hawaiian <input type="checkbox"/> 07. Filipino <input type="checkbox"/> 08. Other Asian (Specify) <input type="checkbox"/> 09. Asian Indian <input type="checkbox"/> 10. Korean <input type="checkbox"/> 11. Samoan <input type="checkbox"/> 12. Vietnamese <input type="checkbox"/> 13. Guamanian or Chamorro <input type="checkbox"/> 14. Other Pacific Islander (Specify) <input type="checkbox"/> 00. Other (Specify)	
32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input checked="" type="checkbox"/> 1. 8th grade or less <input type="checkbox"/> 2. 9th - 12th grade; no diploma <input type="checkbox"/> 3. High School graduate or GED completed <input type="checkbox"/> 4. Some college credit, but no degree <input type="checkbox"/> 5. Associate degree (e.g., AA, AS) <input type="checkbox"/> 6. Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> 7. Master's degree (e.g., MA, MS, MEd, MEd, MEd, MBA) <input type="checkbox"/> 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.S., JD)		33. REGISTRAR'S SIGNATURE <i>[Signature]</i>	
34. DATE FILED (Mo., Day, Yr.) FEB 08 2005		35. UOHH-OVRS Form 12 Rev. 11/30/04	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **FEB 08 2005**
 County: **IRON**
 Registrar: *[Signature]*

Barry E Nangle
 Barry E. Nangle
 DIRECTOR OF VITAL RECORDS
 By *[Signature]*



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