

APN 001-095-02

001-095-29

APN 001-095-30

APN 006-361-09



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)

X 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)

Edward E Wright owner
Signature

EDWARD E WRIGHT
Print

9/27/16
Date

Grantees address and mail tax statement:

EDWARD E. WRIGHT

P.O. Box 240

Pioche, Nevada 89043



APN: 001-095-02
001-095-29
001-095-30
006-361-09

RETURN RECORDED DEED TO:

Edward E. Wright
P.O. Box 240
Pioche, NV 89043

GRANTEE/MAIL TAX STATEMENTS TO:

Edward E. Wright
P.O. Box 240
Pioche, NV 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Edward E. Wright hereby swears under penalty of perjury, that the following assertions are true of his 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 am Edward E. Wright also known as Edward Wright, the same person named as Edward E. Wright and Edward Wright, one of the grantees as joint tenants with right of survivorship named in those certain Deeds and other Documents stated below:
 - a. A Grant Bargain and Sale Deed recorded on 13th day of March, 1987, as Document #86374, in Book 74, Page 86, of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, and covering the real property known as APN 001-095-30, 001-095-29 in the County of Lincoln, State of Nevada, and further described as:

All of Lots 1, 2, 3, 4, 5, 6, 7, 62, 63, 64, A and B in Block 25, as described on the official platt of the Town of Pioche, now on file in the Office of the Lincoln County Recorder, Pioche, Nevada, together with any and all improvements thereon.
 - b. A Quitclaim Deed and Bill of Sale recorded on the 27th day of December, 1994, as Document #102888, in Book 112, Page 34, of the Official Records, in the



Office of the County Recorder of Lincoln County, State of Nevada, and covering the real property known as APN 006-361-09 in the County of Lincoln, State of Nevada, and further described as:

All of its right, title and interest in and to that certain residence and the use of the surface rights of those two certain parcels numbered eight (8) and nine (9) at Caselton, Lincoln County, Nevada, more particularly shown in Exhibit "A" attached hereto and made a part hereof by reference (the "Property").

- c. A Grant Bargain and Sale Deed recorded on the 19th day of March, 2012, as Document #0140991, in Book 270, Page 0577, of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, and covering the real property known as APN 001-095-02 in the County of Lincoln, State of Nevada, and further described as:

APN 001-095-02 ROLL-01891 All of Lots Eleven (11), Twelve (12), Thirteen (13) and the North two (2) feet of lot Fourteen (14) in Block Twenty-Five (25) as shown on the Official Plat of the Town of Pioche on file in the office of the County Recorder of Lincoln County at Pioche, Nevada. Said plot of ground being approximately 81 feet fronting on Meadow Valley Street and approximately 100 feet deep.

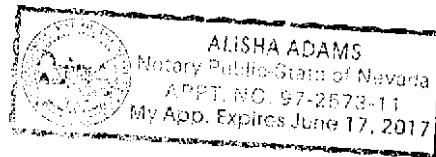
3. Malinda P. Wright, also known as Malinda Pearline Wright and Linda Wright, is one of the grantees named in said Deeds and Documents listed above, and is the identical Malinda Pearline Wright, who died on December 29, 2015, in Caliente, Lincoln County, State of Nevada. I am Edward E. Wright, the widow of Malinda Pearline Wright.

Edward E. Wright
Edward E. Wright

SUBSCRIBED and SWORN to before me

This 27th day of September, 2016.

Alisha Adams
NOTARY PUBLIC



NEVADA
OFFICE OF VITAL RECORDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

CASE FILE NO. 3870618

2015023143
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) Malinda Pearlina WRIGHT		2. DATE OF DEATH (Mo/Day/Year) December 29, 2015		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street or apartment)(Specify) Grover C Dils Medical Center Emergency Room / Outpatient		3d. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 73	
9a. STATE OF BIRTH (If not U.S.A.) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Edward E WRIGHT		8. DATE OF BIRTH (Mo/Day/Yr) November 20, 1942	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Homemaker		14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Casleton	
15d. STREET AND NUMBER 1788 Argente Way		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hugh E ROSENLUND			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ruby Chloe WILLFONG		
18a. INFORMANT-NAME (Type or Print) Edward E WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 240 Pioche, Nevada 89043			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial		19b. CEMETERY OR CREMATORY - NAME Boot Hill Cemetery		19c. LOCATION City or Town State Casleton Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MICHAEL LUEDEMAN MD SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) December 30, 2015		21c. HOUR OF DEATH 20:05		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)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) MICHAEL LUEDEMAN MD PO Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 14495	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 13, 2016		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 (e) Ischemic Cardiomyopathy Interval between onset and death: 5 Years (b) Atrial Fibrillation Interval between onset and death: 5 Years (c) Pulmonary Hypertension Interval between onset and death: 3 Years (d) Interval between onset and death:					
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, 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: 1/13/2016

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

R. D. White
SIGNATURE AUTHENTICATED

