

Official Record

Recording requested By
DYLAN FREHNER

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: AE

Book- 308 Page- 0406



0150809

APN 001-240-18

APN _____

APN _____

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)

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)

Dylan V. Frehner ATTORNEY
Signature Title

DYLAN V. FREHNER
Print

1/4/2017
Date

Grantees address and mail tax statement:

Gladys A. Glendenning
P.O. Box 748
Pioche, Nevada 890043



APN: 001-240-18

When recorded mail to:

Gladys A. Glendenning
P.O. Box 748
Pioche, NV 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

I, GLADYS ANN GLENDENNING, aka GLADYS A. GLENDENNING being of legal age and being first duly sworn, deposes and says:

1. Kenneth Claude Glendenning is the decedent mentioned in the attached certified copy of Certificate of Death who passed away on June 11, 2014 in Pioche, Nevada: and is the same person named as a Joint Tenant with right of survivorship in that certain Grant, Bargain and Sale Deed recorded on February 22, 2005 in Book 197, Page 125-126, as Document # 123833, in Official Records of the Office of the County Recorder, Lincoln County, State of Nevada.
2. At the time of decedent's death, decedent was the owner, as joint tenant, of certain real property acquired by a Grant, Bargain and Sale Deed recorded on February 22, 2005 in Book 197, Page 125-126, as Document # 123833, in Official Records of the Office of the County Recorder, Lincoln County, State of Nevada describing the following real property:

The Southwest Quarter (SW ¼) of the Northeast Quarter (NE ¼) of the Southeast Quarter (SE ¼) of the Northeast Quarter (NE ¼) of Section 14, Township 1 North, Range 67 East, M.D.B. & M.

Said Parcel is also described as:

Parcel No. 2 of Parcel Map for Paul S. Brown recorded August 1, 1994 as File No. 102129 in Book "A" of Plats, Page 422, filed in the Office of the County Recorder, Lincoln County, Nevada.



3. I, Gladys Ann Glendenning, aka Glady A. Glendenning, am the widow of Kenneth Claude Glendenning, and I am the surviving joint tenant under the same Grant, Bargain, and Sale Deed which said decedent held title as joint tenant.

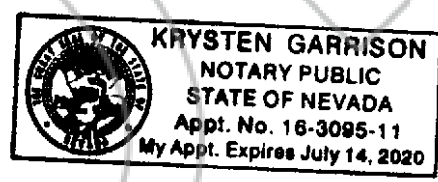
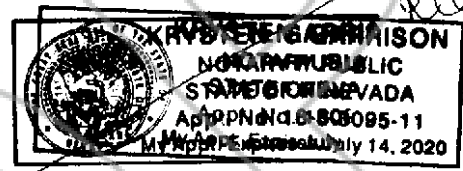
Dated this 20 day of December, 2016

Gladys A. Glendenning
GLADYS A. GLENDENNING

SUBSCRIBED and SWORN to before me

This 20 day of December 2016.

Krysten Garrison
NOTARY PUBLIC



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

CERTIFICATE OF DEATH

2014009319
 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) Kenneth Claude GLENDENNING		2. DATE OF DEATH (Mo/Day/Year) June 11, 2014		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 890 Diaz Glendenning Road		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 72		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) August 19, 1941		9a. STATE OF BIRTH (If not U.S.A., name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Gladys Ann PAYNE	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) All Conditioning Repairman		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 890 Diaz Glendenning Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth Claude GLENDENNING			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Inez Aretha MROBERTS		
18a. INFORMANT - NAME (Type or Print) Gladys Ann GLENDENNING			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 748 Pioche, Nevada 89043		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER 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) [Signature]		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) TIM UMINA SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) June 11, 2014	
				22c. HOUR OF DEATH 08:20	
		22d. PRONOUNCED DEAD (Mo/Day/Yr) June 11, 2014		22e. PRONOUNCED DEAD AT (Hour) 08:20	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tim Umina 1050 E SR 322 Pioche, NV 89043				23b. LICENSE NUMBER P033	
24a. REGISTRAR (Signature) BIANCA GALEANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2014		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				Interval between onset and death	
(a) Cardiac Arrest				Seconds	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Pulmonary Embolism				1 Hour	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) N/A				N/a	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) N/A				N/A	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I. High Cholesterol				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)		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:

06/16/2014

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

[Signature]
 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

