

Official Record

Recording requested By  
DYLAN V. FREHNER

Lincoln County - NV  
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4  
RPTT: Recorded By: AE  
Book- 308 Page- 0500



0150846

APN 001-057-16

APN 001-057-17

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  
Signature Title Atty

Dylan Frehner  
Print

1-17-17  
Date

Grantees address and mail tax statement:

Kenzie L. Constantine  
P.O. Box 453  
Pioche, Nevada 89043





**Thence North 09°19'46" West, a distance of 57.01 feet to the NW Corner;**

**Thence South 86°00'46" East, a distance of 120.51 feet to the NE Corner;**

**Thence South 04°52'02" East, a distance of 54.99 feet to the point of beginning.**

- b. A Grant Bargain and Sale Deed recorded on 22<sup>nd</sup> day of November, 2002, as Document #119137, in Book 168, Page 284-285, 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 001-057-17 in the County of Lincoln, State of Nevada, and further described as:

**That certain parcel of land situate and being lot numbers Fifty-seven(57) and Fifty-eight (58) in Block number Thirty-seven (37) in the said town of Pioche, Lincoln County, Nevada.**

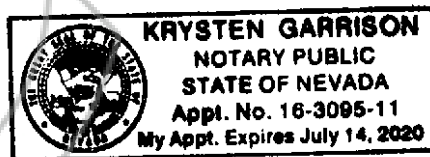
3. Barbara Ann Constantine, also known as Barbara A. Constantine and Barbara Constantine, is one of the grantees named in said Deeds and Documents listed above, and is the identical Barbara Ann Constantine, who died on November 2, 2016, in Pioche, Lincoln County, State of Nevada. I am Kenzie L. Constantine, the widower of Barbara Ann Constantine.

*Kenzie L. Constantine*  
\_\_\_\_\_  
Kenzie L. Constantine

SUBSCRIBED and SWORN to before me

This 17<sup>th</sup> day of January 2017.

*Krysten Garrison*  
\_\_\_\_\_  
NOTARY PUBLIC



STATE OF NEVADA  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DIVISION OF VITAL RECORDS

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

CASE FILE NO. 3923287

CERTIFICATE OF DEATH

2016020403  
 STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Barbara Ann CONSTANTINE</b>		2. DATE OF DEATH (Mo/Day/Yr) <b>November 02, 2016</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 3e.If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) <b>389 Pioche Street Home</b>		4. SEX <b>Female</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birthday (Years) <b>67</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>March 15, 1949</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not USCA, name country) <b>Iowa</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>12</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Kenzie CONSTANTINE</b>			
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
PARENTS	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
	15d. STREET AND NUMBER <b>389 Pioche Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Carroll BEANE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Bernadine LICKTEIG</b>		
DISPOSITION	18a. INFORMANT - NAME (Type or Print) <b>Kenzie CONSTANTINE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 453 Pioche, Nevada 89043</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City of Town State <b>Cedar City Utah 84720</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary</b> <b>730 Front Street Caliente NV 89008</b>	
TRADE CALL	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>MICHAEL REINER 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) <b>November 09, 2016</b>		21c. HOUR OF DEATH <b>17:05</b>		22b. DATE SIGNED (Mo/Day/Yr)	
CERTIFIER	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Michael Reiner M.D. 1316 E Calvada Pahrump, NV 89048</b>				23b. LICENSE NUMBER <b>10499</b>	
	24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 14, 2016</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
	PART I (a) <b>Metastatic Squamous Cell Carcinoma Of Lung</b>					Interval between onset and death
	(b) <b>Cigarette Smoking</b>					Interval between onset and death
	(c) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>					Interval between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(d) <b>DUE TO, OR AS A CONSEQUENCE OF:</b>					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) <b>No</b>	
	27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>					
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: 11/15/2016

*Cody D. Phinney*  
 STATE REGISTRAR  
 SIGNATURE AUTHENTICATED

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

