

Official Record

Recording requested By
HENRY ROBINETTE

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00 Page 1 of 2
RPTT: Recorded By: HB
Book- 308 Page- 0700



0150884

After recording please return to:)
Name: Henry Robinette)
Address: Po Box 1362)
City, State, Zip: DeLan Springs AZ 86441)
Assessor's)
Parcel Number 01-171-02)

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DEATH OF GRANTOR AFFIDAVIT

Henry G. Robinette, being duly sworn, deposes and says that Sylvia Kearns, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Sylvia Kearns, named as the grantor or as one of the grantors in the deed upon death recorded on May 5, 2009, as document or file number 0133727, book 248 . at page 3398, records of County, Nevada, covering the real property commonly known as , City of Pioche , County of Lincoln , State of Nevada, or located in the County of Lincoln . State of Nevada, and more particularly described as:

A PARCEL OF LAND SITUATE WITHIN THE EAST HALF (E1/2) OF SECTION 22, TOWNSHIP 1 NORTH, RANGE 67 EAST, MOUNT DIABLO MERIDIAN

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

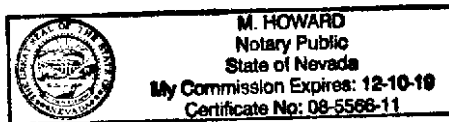
WITNESS this 30 day of JAN, 2017.

[Signature]
Signature of Beneficiary - Henry G. Robinette

STATE OF NEVADA)
COUNTY OF LINCOLN)

This instrument was acknowledged before me on this 30th day of January, 2017 by Henry G. Robinette and

[Signature]
NOTARY PUBLIC





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ARIZONA OF VITAL RECORD

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS CERTIFICATE OF DEATH

State File NO. 102- 2016-050750

1 DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) SYLVIA KEARNS		2 AKA'S (IF ANY)		3 DATE OF DEATH 11/25/2016	
4 SEX FEMALE	5 SOCIAL SECURITY NUMBER [REDACTED]	6 DATE OF BIRTH 10/26/1931	7 AGE 85	8 UNDER 1 YEAR 8. MONTHS 9. DAYS 10. HOURS 11. MINUTES	
12 PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13 PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14 FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): 17853 LAKESIDE DR			15 CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: DOLAN SPRINGS 86441		16 COUNTY OF DEATH: MOHAVE
17 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) LOS ANGELES, CALIFORNIA		18 MARITAL STATUS AT TIME OF DEATH: WIDOWED		19 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20 DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 17853 LAKESIDE DR		21 CITY AND COUNTY: DOLAN SPRINGS, MOHAVE		22 STATE ARIZONA	23 ZIP CODE 86441
25 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26 DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27 IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE	
28 OCCUPATION HOMEMAKER		29 FATHER'S NAME (FIRST, MIDDLE, LAST) DAVID ROSENFELD			
30 MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) LEAH LENTZ		31 INFORMANT'S NAME HENRY GERALD ROBINETTE			
32 RELATIONSHIP SON		33 INFORMANT'S MAILING ADDRESS: 17853 LAKESIDE DR, DOLAN SPRINGS, ARIZONA 86441			
34 NAME AND ADDRESS OF FUNERAL FACILITY: MOHAVE MEMORIAL FUNERAL & CREMATION SERVICES, 4764 STOCKTON HILL RD., KINGMAN, AZ		35 FUNERAL DIRECTOR: JEROME MIRATSKY, FUNERAL DIRECTOR		36 LICENSE NUMBER: F1581	
37 METHOD(S) OF DISPOSITION: CREMATION		38 NAME AND LOCATION OF 1st DISPOSITION FACILITY: DESERT LAWN CREMATORY, MOHAVE VALLEY, ARIZONA		39 NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH	40. A CONGESTIVE HEART FAILURE	41 APPROXIMATE INTERVAL: UNKNOWN		42. B HYPERTENSION	
DUE TO OR AS A CONSEQUENCE OF	44. C CHRONIC OBSTRUCTIVE AIRWAY DISEASE	43 APPROXIMATE INTERVAL: UNKNOWN		45 APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF	46. D	46 APPROXIMATE INTERVAL: UNKNOWN		47 APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 2036
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/nurse/Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: MAHMOOD KHAN, M.D.		56. DATE CERTIFIED: 11/28/2016	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		57. CERTIFIER'S ADDRESS: 1720 BEVERLY AVE., STE. B KINGMAN, AZ 86409-3567		58. NAME OF REGISTRAR: PATTY MEAD	
				59. DATE REGISTERED: 12/02/2016	

DATE ISSUED: 12/02/2016



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA.
Revised 07/2016

Krystal Colburn
**KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR**



**ARIZONA DEPARTMENT
OF HEALTH SERVICES**

J0127781

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Recording requested By
HENRY ROBINETTE

Lincoln County - NV

Leslie Boucher - Recorder

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STATE OF NEVADA
DECLARATION OF VALUE FORM

1. Assessor Parcel Number(s)

- a) 01-171-02
- b) _____
- c) _____
- d) _____

2. Type of Property:

- | | | | |
|--|--------------|-----------------------------|------------------|
| a) <input checked="" type="checkbox"/> | Vacant Land | b) <input type="checkbox"/> | Single Fam. Res. |
| c) <input type="checkbox"/> | Condo/Twnhse | d) <input type="checkbox"/> | 2-4 Plex |
| e) <input type="checkbox"/> | Apt. Bldg | f) <input type="checkbox"/> | Comm'l/Ind'l |
| g) <input type="checkbox"/> | Agricultural | h) <input type="checkbox"/> | Mobile Home |
| <input type="checkbox"/> | Other | | |

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____

Date of Recording: _____

Notes: _____

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ _____

Transfer Tax Value: \$ _____

Real Property Transfer Tax Due \$ _____

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 5
- b. Explain Reason for Exemption: Transfer on Death From mother to son

5. Partial Interest: Percentage being transferred: _____ %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity Grantee

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION

(REQUIRED)

Print Name: Stephania Keavins

Address: Po Box 1362

City: Dolan Springs

State: AZ Zip: 86441

BUYER (GRANTEE) INFORMATION

(REQUIRED)

Print Name: Henry G Robinette

Address: Po Box 1362

City: Dolan Springs

State: AZ Zip: 86441

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: _____ Escrow #: _____

Address: _____

City: _____ State: _____ Zip: _____