

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- 0702



After recording please return to: Name: Henry Robinette Address: Po Box 1362 City, State, Zip: Pahr Springs NV 89411 Assessor's Parcel Number: 01-181-01

-----Above This Line Reserved For Official Use Only-----

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 0133728, book 248 . at page 341, 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 NORTHEAST QUARTER (NE1/4) 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 30th day of January, 2017.

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 Notary Public Shannon M. Simpson





0150885

Book 308  
Page: 703

01/30/2017  
Page: 2 of 2

# 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) <b>SYLVIA KEARNS</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>11/25/2016</b>	
4. SEX <b>FEMALE</b>	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH <b>10/26/1931</b>	7. AGE <b>85</b>	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): <b>17853 LAKESIDE DR</b>			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>DOLAN SPRINGS 86441</b>		16. COUNTY OF DEATH: <b>MOHAVE</b>
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LOS ANGELES, CALIFORNIA</b>		18. MARITAL STATUS AT TIME OF DEATH: <b>WIDOWED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>17853 LAKESIDE DR</b>		21. CITY AND COUNTY: <b>DOLAN SPRINGS, MOHAVE</b>		22. STATE <b>ARIZONA</b>	23. ZIP CODE <b>86441</b>
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: <b>HOMEMAKER</b>		29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>DAVID ROSENFELD</b>			
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>LEAH LENTZ</b>		31. INFORMANT'S NAME <b>HENRY GERALD ROBINETTE</b>			
32. RELATIONSHIP <b>SON</b>		33. INFORMANT'S MAILING ADDRESS: <b>17853 LAKESIDE DR, DOLAN SPRINGS, ARIZONA 86441</b>			
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>MOHAVE MEMORIAL FUNERAL &amp; CREMATION SERVICES, 4764 STOCKTON HILL RD., KINGMAN, AZ</b>		35. FUNERAL DIRECTOR: <b>JEROME MIRATSKY, FUNERAL DIRECTOR</b>		36. LICENSE NUMBER <b>F1581</b>	
37. METHOD(S) OF DISPOSITION: <b>CREMATION</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>DESERT LAWN CREMATORY, MOHAVE VALLEY, ARIZONA</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
IMMEDIATE CAUSE OF DEATH	40. A <b>CONGESTIVE HEART FAILURE</b>			41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	42. B <b>HYPERTENSION</b>			43. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	44. C <b>CHRONIC OBSTRUCTIVE AIRWAY DISEASE</b>			45. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	46. D			47. APPROXIMATE INTERVAL:	
<b>CAUSE OF DEATH PART II</b>					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:		49. INJURY? <b>NO</b>	50. INJURY AT WORK? <b>NO</b>	51. MANNER OF DEATH <b>NATURAL DEATH</b>	52. TIME OF DEATH <b>2036</b>
		53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
<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: <b>MAHMOOD KHAN, M.D.</b>			56. DATE CERTIFIED: <b>11/28/2016</b>
<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: <b>1720 BEVERLY AVE., STE. B KINGMAN, AZ 86409-3567</b>			58. NAME OF REGISTRAR: <b>PATTY MEAD</b>
					59. DATE REGISTERED: <b>12/02/2016</b>

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

Page 1 of 1 Fee: \$15.00  
Recorded By: HB RPTT:  
Book- 308 Page- 0702

STATE OF NEVADA  
DECLARATION OF VALUE FORM

- 1. Assessor Parcel Number(s)
  - a) 01-181-01
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_
  - d) \_\_\_\_\_

- 2. Type of Property:
  - a)  Vacant Land
  - b)  Single Fam. Res.
  - c)  Condo/Twnhse
  - d)  2-4 Plex
  - e)  Apt. Bldg
  - f)  Comm'l/Ind'l
  - g)  Agricultural
  - h)  Mobile Home
  - 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 Grantor

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**SELLER (GRANTOR) INFORMATION (REQUIRED)**  
 Print Name: Sylvia Kearns  
 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: \_\_\_\_\_