

APN:004-151-54
ESCROW NO: 501836/16-00693-US-NV/2056506
WHEN RECORDED MAIL TO and
MAIL TAX STATEMENT TO:
TIFFANY AND BOSCO, P.A.
2525 E. CAMELBACK RD. 7TH FLOOR
PHOENIX, AZ 85016



AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ARIZONA
COUNTY OF MARICOPA

} SS:

Jenn Barkey, of legal age, being duly sworn, deposes and says

That Donald Leon Wright, Sr. the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Donald L. Wright, Sr. named as one of the parties in that certain Joint Tenancy Deed dated August 29, 2001 executed by Alfred Helm Westall and Peggy B. Westall to Donald L. Wright, Sr. and Barbara J. Wright, husband and wife as joint tenants, recorded as Instrument No. 116903, on September 4, 2001 in Book 158, Pages 97-99, of Official Records of Lincoln County, Nevada, covering the following described property.

That portion of the Northwest Quarter (NW ¼) of the Southwest Quarter (SW ¼) of Section 5, Township 7 South, Range 61, East, M.D.B &M., more particularly described as Parcel 7-4-1 as shown by Parcel Map on file in Plat Book B, Page 51, as File No. 109441, in the Office of the County Recorder of Lincoln County, Nevada.

Dated: March 17, 2017

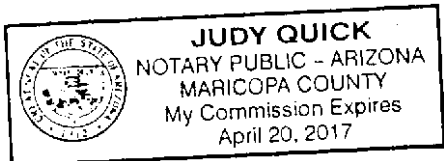
Jenn Barkey Jenn Barkey

STATE OF ARIZONA
COUNTY OF MARICOPA

} SS:

This instrument was acknowledged before me on MARCH 17, 2017,
by Jenn Barkey

NOTARY PUBLIC



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH - VITAL STATISTICS

CERTIFICATE OF DEATH

2014002667
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 AVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Donald Leon WRIGHT SR		2. DATE OF DEATH (Mo/Day/Year) February 15, 2014		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) University Medical Center		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Inpatient	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) August 07, 1936		9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Barbara HANSEN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Mechanic		14b. KIND OF BUSINESS OR INDUSTRY School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 273 Park Blvd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) David WRIGHT	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Christy Odella MAGNUSSON		18a. INFORMANT- NAME (Type or Print) Barbara WRIGHT		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 364 Alamo, Nevada 89001	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Town Cemetery		19c. LOCATION City or Town State Alamo Nevada 89001	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BART BURTON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 50		20c. NAME AND ADDRESS OF FACILITY Palm Mortuary-Downtown 1325 North Main Street Las Vegas NV 89101	
21. TRADE CALL - NAME AND ADDRESS Southern Nevada Mortuary 730 Front Street Callente 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) MATTHEW SCHREIBER MD 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) February 20, 2014		21c. HOUR OF DEATH 21:36		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) MATTHEW SCHREIBER MD 1800 W Charleston Las Vegas, NV 89102		23b. LICENSE NUMBER 14325	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 21, 2014		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I				Interval between onset and death	
(a) Sepsis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Pneumonia				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(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 TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **FEB 25 2014**
By: *Nancy Barry*
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

