

Official Record

Recording requested By
FIRST AMERICAN TITLE INSURANCE COMP

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: AK

Book- 312 Page- 0469

A.P.N.: 001-341-52
File No: 116-2515603 (dp)



When Recorded return to, and mail Tax Statements to:
Sharon L. Rowe
3251 Longford Way
Las Vegas, NV 89121

AFFIDAVIT - TERMINATING JOINT TENANCY

Sharon L. Rowe, of legal age, being first duly sworn, deposes and says:

That **Robert D. Rowe**, the decedent mentioned in the attached certified copy of Certificate of Death is the same person as **Robert D. Rowe** named as one of the parties in that certain **Joint Tenancy Deed** dated **03/26/1999** executed by **James Vincent** to **Robert D. Rowe and Sharon L. Rowe, husband and wife**, as joint tenants, recorded as Document No. **112704** on **05/04/1999** in Book **141** of Official Records of **Lincoln County, Nevada** covering the following described property situated in the County of **Lincoln**, State of **Nevada** :

PARCEL NO. 6 AS SHOWN ON PARCEL MAP FOR JAMES VINCENT, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON SEPTEMBER 24, 1997, IN BOOK B, PAGE 63 OF PLATS, AS FILE NO. 109749, AND AMENDED NOVEMBER 18, 1997, IN BOOK B, PAGE 71 OF PLATS, AS FILE NO. 110132, LOCATED IN A PORTION OF THE SW 1/4 NE 1/4, SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B. AND M., LINCOLN COUNTY, NEVADA,

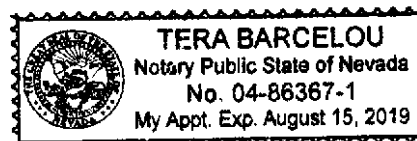
Sharon L. Rowe
Sharon L. Rowe

STATE OF NEVADA)
) :SS.
COUNTY OF Clark)

This instrument was acknowledged before me on this:
26 day of June, 2017

By: Sharon L. Rowe

[Signature]
Notary Public
(My commission expires: Aug 15, 2019)



Tera Barcelou
#04-86367-1



0152341

Book: 312 Page: 470

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MICHIGAN OF VITAL RECORD

COUNTY OF KENT STATE OF MICHIGAN

TYPE IN PERMANENT BLACK

20080527-0041872 06/27/2008 Pgs: 1 Fee: \$0.00 12:55PM Mary Hollinrake T28980083610 - 08 Kent County Clerk MI DC



STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2613061

NAME OF DECEDENT For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

SIGNATURE

DATE SIGNED

LICENSE NUMBER

NAME AND ADDRESS OF CERTIFYING PHYSICIAN

REGISTRAR'S SIGNATURE

DATE FILED

PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line.

IMMEDIATE CAUSE (final disease or condition resulting in death)

5. Especially list conditions, JEANIE, leading to the cause listed on line 4. Enter the UNDERLYING CAUSE (disease or injury that initiated the chain, resulting in death) LAST

PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.

39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)

41a. DATE OF INJURY (Mo., Day, Yr.)

41b. TIME OF INJURY (Mo., Day, Yr.)

41c. DESCRIBE HOW INJURY OCCURRED

41d. INJURY AT WORK (Yes or No)

41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)

41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)

41g. LOCATION - Street or RFD No., City, Village or Twp., State

1. DECEDENT'S NAME (First, Middle, Last) Robert Donald Rowe		2. DATE OF BIRTH (Month, Day, Year) October 3, 1935		3. SEX male		4. DATE OF DEATH (Month, Day, Year) May 22, 2008	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)				6a. AGE - Last Birthday (Month/Day) 72		6b. UNDER 1 YEAR MONTHS _____ DAYS _____	
6c. UNDER 1 DAY HOURS _____ MINUTES _____				7a. LOCATION OF DEATH (Enter place officially pronounced dead on 7a, 7b, 7c) 4755 Rimrock Dr. NE		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Plainfield Township	
7c. COUNTY OF DEATH Kent				8a. CURRENT RESIDENCE - STATE Nevada		8b. COUNTY Lincoln County	
8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE <input type="checkbox"/> TOWNSHIP <input checked="" type="checkbox"/> UNINCORPORATED PLACE Pioche				8d. STREET AND NUMBER (include Apt. No. if applicable) #6 Blue Spruce Street			
9a. ZIP CODE 89043		9. BIRTHPLACE (City and State or Country) Grand Rapids, Michigan		10. SOCIAL SECURITY NUMBER [REDACTED]		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? Bachelor degree	
12. RACE - American Indian, White, Black, etc. (if Asian, give nationality or Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) white		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal race English / Irish		13b. HISPANIC ORIGIN (Yes or No) no		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) yes	
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. police captain		16. KIND OF BUSINESS OR INDUSTRY law enforcement		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Separated (Specify) married		18. NAME OF SURVIVING SPOUSE (if wife, give name before first marriage) Sharon Ezinga	
19. FATHER'S NAME (First, Middle, Last) Ralph Rowe				20. MOTHER'S NAME (First, Middle, Last) Hazel Kelly			
21a. INFORMANT'S NAME (Type/Print) Sharon Rowe		21b. RELATIONSHIP TO DECEDENT wife		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) P.O. Box 599, #6 Blue Spruce St., Pioche, NV 89043			
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Resection, Organ (Specify)) cremation		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematorium, or other location) Rest Lawn Memorial Park		23b. LOCATION - City or Village, State Grand Rapids, Michigan			
24. SIGNATURE OF MORTUARY SERVICE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER 7197		26. NAME AND ADDRESS OF MORTUARY SERVICE Zanger Memorial Chapel, Inc. 2800 Burton St. SE, Grand Rapids, Michigan 49546			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the causes and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of observation, my opinion, death occurred at the time, date, and place and due to the causes and manner stated. Signature and Title <i>[Signature]</i>		28a. ACTUAL OR PRESUMED TIME OF DEATH 6:00 a M		28b. PRONOUNCED DEAD ON (Mo., Day, Yr.) May 23, 2008		28c. TIME PRONOUNCED DEAD (Mo., Day, Yr.) 11:25 a M	
27b. DATE SIGNED (Mo., Day, Yr.) MAY 23, 2008		27c. LICENSE NUMBER 14301099244		29. MEDICAL EXAMINER CONTACTED? (Yes or No) no		30. PLACE OF DEATH (Home, Hospital, Nursing Home, Hospital, Ambulance) (Specify) home	
32. MEDICAL EXAMINER'S CASE NUMBER (if applicable)				33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Iris F. Boettcher, 4500 Breton Rd. SE, Grand Rapids, MI 49508			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)				35. REGISTRAR'S SIGNATURE <i>[Signature]</i>			
35a. REGISTRAR'S SIGNATURE				35b. DATE FILED (Month, Day, Year) MAY 27 2008			

15409 AH

DCT1-0483-1003

I, MARY HOLLINRAKE, CLERK OF KENT COUNTY DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in the office of the County Clerk.

05/27/2008

[Signature]
MARY HOLLINRAKE
COUNTY CLERK

DATED: _____

