DOC # 0152563

08/28/2017

01:56 PM

Official Record

Recording requested By COW COUNTY TITLE

Lincoln County - NV Leslie Boucher - Recorder

Fee: \$17.00

Page 1 of 4 Recorded By: AE

Book- 313 Page- 0629

A.P.N.

013-080-14

Escrow No: 78557 Recording Requested By: Cow County Title Co

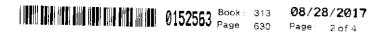
When Recorded Mail To:

Gay Shirley P.O. Box 7118 Bunkerville, NV 89007-0118

AFFIDAVIT DEATH OF JOINT TENANT

I the undersigned hereby affirms that this document submitted for recording contain personal information (social security number) of a person as required by specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant references is NRS 40.525

GAY SHIRLEY



A.P.N.

013-080-14

Escrow No.

78557

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

Gay Shirley P.O. Box 7118 Bunkerville, NV 89007-0118

AFFIDAVIT DEATH OF JOINT TENANT

GAY SHIRLEY, of legal age, being first duly sworn, deposes and says: That JOHNNY KAY LEAVITT, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as JOHNNY K. LEAVITT named as one of the parties in that certain Grant Bargain Sale Deed dated March 25, 2003 executed by JOHN E. LEAVITT and LOUISE H. LEAVITT, husband and wife and RON HEBER LEAVITT and CARLYNN LEAVITT, husband and wife and SHAWN SHIRLEY and GAY SHIRLEY, husband and wife to JOHNNY K. LEAVITT and VELMA LEAVITT, husband and wife as joint tenants, recorded April 28, 2003 in Book 172 of Official Records. page 362 as File No. 120089, Lincoln County, Nevada, covering the following described property situated in Lincoln County, State of Nevada:

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

The Northeast (NE ¼) of the Southeast (SE ¼) of Section 32, Township 4 South, Range 70 East. Mount Diablo Meridian, more particularly described as follows:

Parcel 1 of that certain Map recorded January 31, 1995 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 438 as File No. 103002, Lincoln County, Nevada records.

Together with an easement for ingress and egress over the East Twenty (20) feet, extending from the North Line of the Southeast Quarter (SE1/4) of the Southeast Quarter (SE1/4) of Section 32. South approximately 200 feet to an extending road.

ASSESSOR'S PARCEL NUMBER FOR 2017-2018: 013-080-14

Dated: 8 23 2017

State of Newdo }

County of: Clark

This instrument was acknowledged before m

This instrument was acknowledged before me on 8-23-207 By GAY SHIRLEY

Signature: _

Notary Public



PAULA JENSEN

Notary Public • State of Nevada Appointment Recorded in Clark County No. 96-1055-1 Expires February 1, 2018

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

CERTIFICATE OF DEATH

2015013775

		JM.				
STA	TE	FIL	E	NU	м	BER

TYPE OR		de et des todes on electricité d'esp			STAT	E FILE NUMBER	
PRINTIN	1a. DECEASED-NAME (FIRST, MIDDL	E,LAST(SUFFIX)		2 DATE O	F DEATH (Mo/Day/Year)	3a. COUNTY OF DEATH	
PERMANENT	Johnny Kay	LEAV	ITT	A	igust 11, 2015	Clark	
BLACK INK	36. CITY, TOWN, OR LOCATION OF I			5 1 5 5 1 2			×
		ZAIN JOE HOOF HILL OIL OIL OIL			npatient(Specify)	7.02	.n
`	Bunkerville	·	95 Virgin Street		Ho	me l	Male
DECEDENT	5 RACE White	6. Hispanic Origin	n? Specify 7a. AGE	-Last birthday 7b, UNDE	R 1 YEAR 7c. UNDER 1	AY 8. DATE OF BIRTH (Mb/I	Dav/Yr)
•	(Specify)	No - Non-Hispa		MOS	DAYS HOURS M	INS I	
			73 147 147	64		September 12, 1	1950
IF DEATH	9a. STATE OF BIRTH (If not U.S.A.,	9b. CITIZEN OF WHAT COUNTY	RY 10 EDUCATION 11.	VARRIED, NEVER MAR	RIED, WIDOWED, 12.	SURVIVING SPOUSE (Maiden	пате)
OCCURRED IN	Idaho	United States	12 0100	ORCED (Specify) Marri	ed :	Velma Lynn	REBER
HANDBOOK	13. SOCIAL SECURITY NUMBER	14a USUAL OCCUPATION (GIV		ing Most of 14b KIN	D OF BUSINESS OR IN	DUSTRY Ever in US	Armed
REGARDING COMPLETION OF	13: GOODE GEODINI I HOMBEN	142 COOKE COOCI ATTOM (CIT		T 10 10 10 10 10 10 10 10 10 10 10 10 10	7		
RESIDENCE ITEMS		<u> </u>	Mechanic		Automobile Repair (
(TEMS	15a. RESIDENCE - STATE 15b. C	OUNTY 15c, CIT	Y, TOWN OR LOCATION	15d. STREET AN	ID NUMBER	15e, INSIDE C LIMITS (Speci	CITY ifv Yes
	Nevada	Clark	Bunkerville	95 Virgin Str	eet		lo
			.,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
PARENTS	16. FATHER/PARENT - NAME (First	The state of the s	11/	MOTHERPARENT	AME (First Middle Las		
IAILLIIIO	John	Edward LEAVITT			Clara Louise F	IARDY	
	18a. INFORMANT-NAME (Type or Pri	nt) 18t	. MAILING ADDRESS	(Street or R.F.D. No. Ci	y or Town, State, Zip)		
	Velma Lynn L	FAVITT		PO Box 7108 B	unkerville, Nevada	89007	N
+:			DV OD ODELATORY N				-
	19a BURIAL CREMATION, REMOVA	L, OTHER (Specify) 195 CEMETE	The second second		196. LOCATI	ON City or Town State	- ^
SPOSITION	Burial		Bunkerville	Cemetery		Bunkerville Nevada	- /
*[+	20a. FUNERAL DIRECTOR - SIGNATI	JRE (Or Person Acting as Such)	206, FUNERAL DIRECT	OF 20c. NAME AND AD	DRESS OF FACILITY		1
.*	BRIAN R		LICENSE NUMBER		Moapa Valley	Mortuary	
			49	KARA		Logandale NV 89021	
		AUTHENTICATED		3. J. 3. 3.030.	it woapa variet nivo	Logaridate 144 09021	
SADE CALL	TRADE CALL - NAME AND ADDRESS	<u> </u>		19.77 5		<u> </u>	
	≥ 21a. To the best of my knowledg	e; death occurred at the time; date	and place and due	22a. On the besis of exa	mination and/or investigatio	n, in my opinion death occurred	
	를 할 to the cause(s) stated (Signatur	e & Title) SIGNATURE AU	THENTICATED 2	at the time, date and plac	ce and due to the cause(s) s	tated. (Signature & Title)	
	# ² SAM	UEL ANDELIN M.D.	9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Jamailana Jawa La	s .	
CERTIFIER	21a. To the best of my knowledge to the cause(s) stated (Signatur SAM) 21b. DATE SIGNED (Mo/Day/Y	n 21c. HOUR OF DEAT		22b. DATE SIGNED (Mo/Day/Yr)	22c. HOUR OF DEATH	
	គ្គីទី August 12, 2015	13:1	n គ្រឹង	1.000 1.17	lai life da 🗜		
		HYSICIAN IF OTHER THAN CERTI		22d PRONOUNCED	DEAD HANDS AND	22e. PRONOUNCED DEAD AT	/H (** **)
	21d. NAME OF ATTENDING P	TISICIAN IF OTHER THAN CERTI	PIER DO	220 PRONUUNCED	DEAU (MOIDAY/TI)	226. PROHODINGED DEAD AT	(FIOSI)
			The second second		1 His 1		
	23a. NAME AND ADDRESS OF CERT					23b. LICENSE NUMBER	
	Samuel A	ndelin M.D. 1301 Bertha I	Howe Ave Suite 1 N	lesquite, NV 8902	7.5	15119	
	24a. REGISTRAR (Signature)	MARY WILSON	24b. DA	TE RECEIVED BY REGI	STRAR 24c DEAT	HIDUE TO COMMUNICABLE D	ISEASE
EGISTRAR			_ (Mo/Day	^(Ar) August 13,	100 A 1 1 A 1	YES NO X	1
		SIGNATURE AUTHENTICATE	A ARTICLE AND ADDRESS OF THE PARTY OF THE PA	August 15,	2015		
CAUSE OF		TER ONLY ONE CAUSE PER LINE			H CA H	Interval between onset ar	nd death
DEATH	PARTI End Stade C	ongestive Heart Failui	re \	V104 4			- 1
DEATH	DUE TO, OR AS A C	The state of the s		_			- 1 4 1
	DOE 10, OR AS A.C	JASEGUENCE OF		12 A 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Interval between onset ar	na aeam
CONDITIONS IF	(b)		74. [1]		94. 48. 49.	I said and a said and a said a	
ANY WHICH GAVE RISE TO	DUE TO, OR AS A C	ONSEQUENCE OF			50.00 Sec. 2.00.	Interval between onset a	nd death
IMMEDIATE CAUSE \					- 48 f 411 - 14 f 411 -		
STATING THE UNDERLYING	(c)	10 0.00					
UNDERLYING CAUSE LAST	DUE TO, OR AS A C	DNSEQUENCE OF:			144 TW 142	Interval between onset a	nd death
CAVGE LAG	(d)	13 S. E. 1982		/	****		
	PART II OTHER SIGNIFICANT CON	MICHE Candidan anniah dan ta	dande le la mai mai della e la t	his madaul den en ma eine	n in Boot 1 Inc. At	TODOY (D 2) 27 MMC CASE	
/	PART II OTHER SIGNIFICANT CON	AT IONS-Conditions contributing to a	insu cint not vestraid in t	ue oncenying cause give		JTOPSY (Specif 27, WAS CASE REFERRED TO C	
-//	F :				Yeso	NO (Specify Yes or N	O VAC
_/ /	284 ACC. SUICIDE HOM: UNDET 1285	DATE OF INJURY (Mo/Day/Yr) [2	8c, HOUR OF INJURY 2	5d. DESCRIBE HOW INJURY	OCCURRED	135 1	103
1 /	28a. ACC., SUICIDE, HOM., UNDET. 28b. OR PENDING INVEST. (Specify)	STILL ST. INDON'T (INDIDENTITY)	100				
	l		9999				<u></u>
	28e. INJURY AT WORK (Specify 28f.	PLACE OF INJURY- At home, farm	, street, factory, office 2	8g. LOCATION ST	REET OR R.F.D. No.	CITY OR TOWN	STATE
		ling, etc. (Specify)	-	=			
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8470	1	9 H 1 3 43	STATE REGI	STRAR	100 m		
77		- 4. <i>F</i> 41eV 4	STATERES	211/21/			
2 ==	N. 51			o toda alkoj 2001.			1:



"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.

AUG 1 8 2015

Registrar of Vital Statistics

DATE ISSUED: AU6 1 8 2015

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

