

Official Record

Recording requested By
COW COUNTY TITLE

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: AE
Book- 313 Page- 0629

A.P.N. 013-080-14

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

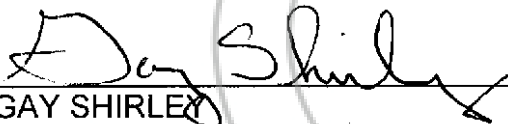


When Recorded Mail To:

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

Gay Shirley
GAY SHIRLEY

State of Nevada }

County of: Clark }

This instrument was acknowledged before me on 8-23-2017
By GAY SHIRLEY

Signature: Paula Jensen
Notary Public



0152563 Book: 313 08/28/2017

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

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

CERTIFICATE OF DEATH

2015013775 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 GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

Form with fields for 1a. DECEASED-NAME, 2. DATE OF DEATH, 3a. COUNTY OF DEATH, 3b. CITY, TOWN, OR LOCATION OF DEATH, 3c. HOSPITAL OR OTHER INSTITUTION, 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify), 4. SEX, 5. RACE, 6. Hispanic Origin?, 7a. AGE-Last birthday, 7b. UNDER 1 YEAR, 7c. UNDER 1 DAY, 8. DATE OF BIRTH, 9a. STATE OF BIRTH, 9b. CITIZEN OF WHAT COUNTRY, 10. EDUCATION, 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, 12. SURVIVING SPOUSE, 13. SOCIAL SECURITY NUMBER, 14a. USUAL OCCUPATION, 14b. KIND OF BUSINESS OR INDUSTRY, 15a. RESIDENCE - STATE, 15b. COUNTY, 15c. CITY, TOWN OR LOCATION, 15d. STREET AND NUMBER, 15e. INSIDE CITY LIMITS, 16. FATHER/PARENT - NAME, 17. MOTHER/PARENT - NAME, 18a. INFORMANT - NAME, 18b. MAILING ADDRESS, 19a. BURIAL, CREMATION, REMOVAL, OTHER, 19b. CEMETERY OR CREMATORY - NAME, 19c. LOCATION, 20a. FUNERAL DIRECTOR - SIGNATURE, 20b. FUNERAL DIRECTOR LICENSE NUMBER, 20c. NAME AND ADDRESS OF FACILITY, 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated, 21b. DATE SIGNED, 21c. HOUR OF DEATH, 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER, 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, 22b. DATE SIGNED, 22c. HOUR OF DEATH, 22d. PRONOUNCED DEAD, 22e. PRONOUNCED DEAD AT, 23a. NAME AND ADDRESS OF CERTIFIER, 23b. LICENSE NUMBER, 24a. REGISTRAR (Signature), 24b. DATE RECEIVED BY REGISTRAR, 24c. DEATH DUE TO COMMUNICABLE DISEASE, 25. IMMEDIATE CAUSE, 26. AUTOPSY, 27. WAS CASE REFERRED TO CORONER, 28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST., 28b. DATE OF INJURY, 28c. HOUR OF INJURY, 28d. DESCRIBE HOW INJURY OCCURRED, 28e. INJURY AT WORK, 28f. PLACE OF INJURY, 28g. LOCATION

STATE REGISTRAR

VRS-Rev-20120523a

"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: AUG 18 2015 Registrar of Vital Statistics By: [Signature] 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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE