APN_	001-101-05
APN_	
APN_	

152794

01:04 PM 10/30/2017

Official Record

Recording requested By DYLAN V. FREHNER: ATTORNEY AT LAW

Lincoln County - NV Leslie Boucher Recorder Fee: \$35.00 Page 1 of 4

Recorded By: AK RPTT: Book- 314 Page- 0718



AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document

Affirmation Statement

I, the undersigned hereby affirm	that the attached	document,	includi	ng any exh	ibits, her	eby
submitted for recording does not contain t	the social security	y number, d	lriver's	license or i	identifica	ition card
number, or any "Personal Information" (as	defined by NRS	603A.040)	of any	person or g	persons.	(Per NRS
239B.030)		- N				

I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: NRS 40.525(5) & 111.345

Grantees address and mail tax statement:

James Arthur McCain

11023 S. 200 8th Lane

Buckeye, Arizona 85323

APN: 001-101-05

RETURN RECORDED DEED TO:

James Arthur McCain 11023 S. 200 8th Lane Buckeye, Arizona 85323

GRANTEE/MAIL TAX STATEMENTS TO:

James Arthur McCain 11023 S. 200 8th Lane Buckeye, Arizona 85323

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Arizona)

County of Maricopa

James Arthur McCain hereby swears under penalty of perjury, that the following assertions are true of his own personal knowledge:

- 1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters hereinafter stated.
- 2. I am James Arthur McCain, the son of the persons named as joint tenant with right of survivorship named in those certain Deeds and other Documents stated below:
 - a. A Joint Tenancy Deed recorded on November 9th, 1970, as Document #49689, in Book 01, Page 104, of the Official Records, in the Office of the County Recorder of Lincoln County, State of Nevada, and covering the real property known as APN 001-101-05, in the County of Lincoln, State of Nevada, and further described as:

Lots numbered Twenty-Four (24), Twenty-Five (25), Twenty-Six (26), Twenty-Seven (27) in Block numbered Eighteen (18) as delineated and described on the Official Plat of said Town of Pioche, on file and of record in the Office of the County Recorder of Lincoln County, Nevada.

Also, any and all improvements situated on the above described land consisting of a small house, a cabin, a shed and chicken coops and including all fixtures and furniture therin as of the date of delivery.

b. A Joint Tenancy Deed recorded September 14, 1971, as Document #50832, in Book 2, Pages 532, of the Official Records in the Office of the County Recorder of Lincoln County, State of Nevada, and covering the real property known as APN 001-101-05, in the County of Lincoln, State of Nevada, and further described as:

Lot Numbered Thirty (30) in Block Numbered Eighteen (18) in the town of Pioche, as said lot and block are shown on the official plat of said town now on file in the office of the County Recorder of said County, and to which plat and the records thereof reference is hereby made for further particular description.

3. Jim I. McCain, is one of the grantees named in said Deeds listed above, and is the identical Jim I. McCain, who died on October 5, 2002, in Caliente, Lincoln County, State of Nevada. A Certificate of Death for Jim I. McCain is attached hereto as Exhibit "A". I am James Arthur McCain, the son of Jim I. McCain.

JAMES ARTHUR MCCAIN

SUBSCRIBED and SWORN to before me

this 25 day of October, 2017.

NØTARY PUBLIC

JUSTINE LINK
Notary Public - Arizona
Maricopa County
My Comm. Expires Dec 31, 2019

0152794 Book 314

10/30/2017



JF HUMAN RESOURCES **DIVISION OF HEALTH VITAL STATISTICS**

STATE OF NEVADA --- DEPARTMENT OF HUMAN RESOURCES **DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH**

	LOCAL FILE NUMBER				STATE FILE NUMBER		
OR PRINT	DECEASED—NAME First	Middle	Last	DATE OF DEATH (Month, Day, Year)	COUNTY OF DEATH		
IN PERMANENT	1. Jim	I.	McCAIN	² October 5, 2002	3a Lincoln		
BLACK INK	CITY, TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER	RINSTITUTION—Name (if not either, give str	reet and number) If Hosp, or Inst. ind Rm. Inpatient (Spec	icate DOAL OP/Emer SEX		
ECEDENT	^{3b.} Caliente	3c Grover €	. Dils Medical Cen	ter ^{3e.} Emerge	PROVINCE ROOM 4. Male		
	RACE—(e.g., White, Black, American Indian, etc.) (Specify)	Was Decedent of Hispanic Orig specify Mexican, Cuban, Puerto	Dils Medical Cen in? Specify ☐ yes X no If yes, AGE—Las Rican, etc.	t UNDER 1 YEAR UNDER 1 (ears) MOS DAYS HOURS	DAY DATE OF BIRTH (Mo., Day, Yr.)		
	5 White	6.	7a. 81	7b. 7c.	8.July 7, 1921		
IF DEATH OCCURRED IN	STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OF WHAT COUN- TRY	Decedent's Education. Specify highest grade completed.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name)		
INSTITUTION SEE HANDBOOK	9a. California SOCIAL SECURITY NUMBER	9b. U.S.A.	10. 9 e Kind of Work Done During Most of	11. Married KIND OF BUSINESS OR INDUSTRY	12 Frances Wilson		
REGARDING COMPLETION OF							
RESIDENCE ITEMS	RESIDENCE—STATE COU	14a. Farmer	CITY, TOWN, OR LOCATION	14b. Agriculture			
-				STREET AND NUMBER	INSIDE CITY LIMITS (Specify Yes or No)		
	> 15a.Nevada 15b.	Lincoln Middle	15c. Pioche Last MOTHER—MAID	15d 303 Main	Street 15e. Yes		
ARENTS			Last MOTHER—INAIDI	EN NAME FISE	Middle Last		
	18. Pear1 INFORMANTNAME (Type or Print)	Nelson M	CCain 17. MAILING ADDRESS	Clara (Street or R.F.D. No., City or Tow	Dietrich		
			(<				
	18a.Frances McCain BURIAL, CREMATION, REMOVAL, OTH	ER (Specify) CEMETER	Y OR CREMATORY—NAME	4 Pioche Nevada	89043 City or Town State		
	190 (/ / /	•		
SPOSITION	198 Cremation FUNERAL DIRECTOR SIGNATURE	FUNERAL I	emation Center of S DIRECTOR NAME AND ADDRESS OF F	St. George ¹⁹⁶ St	. George, Utah		
Į	(Or Person Acting as Such)	LICENSE N 20b. 15					
		death occurred at the time, date	and place and	Street Caliente. 22a. On the basis of examination and/or	Nevada 89008. nvestigation, in my opinion death occurred to the cause(s) and manner stated.		
1	21a. To the best of my knowledge due to the cause(s) stated. (Signature and Title) DATE SIGNED (Mo., Day, Yr 21b. 10-06-02 NAME OF ATTENDING PHYS	on forcing			to the cause(s) and manner stated.		
	DATE SIGNED (Mo., Day, Yr	HOUR OF DEA	(TH #5	(Signature and Title) DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH		
	§50 21b. 10−06−02	^{21c.} 0035	compl	22b.	22c.		
ERTIFIER	NAME OF ATTENDING PHY	SICIAN IF OTHER THAN CERTIF	TER (Type or Print)	PRONOUNCED DEAD (Mo., Day, Yr.)	PRONOUNCED DEAD (Hour)		
	⊢ <u>II.</u> O 21d.	/		22d. ON	22e. AT		
	NAME AND ADDRESS OF C	ERTIFIER (PHYSICIAN, ATTEND	ING PHYSICIAN, MEDICAL EXAMINER, OF		LICENSE NUMBER		
Ĺ	23a Shailendra	Sinch M.Da:	P.O. Box 1010 Cal	iento Nevada 900	00 23b.0070		
ONDITIONS	REGISTRAR	CAL	DATE RECEIVED BY REG	<u>iente, Nevada 890</u> ISTBAR <i>(Mo., Day</i> , <i>Yr.)</i> DEATH DUE TO	COMMUNICABLE DISEASE		
IF ANY HICH GAVE RISE TO MMEDIATE		we POCTU	24b. 10-06-02	24c. YES□	ио₽		
CAUSE	25. IMMEDIATE CAUSE (ENTER C	ONLY ONE CAUSE PER LINE FO	PR (a), (b), AND (c).)		Interval between onset and death		
ATING THE NDERLYING	PART (B) Cardiopulm				Immediate		
AUSE LAST	DUE TO, OR AS A CONS	SEQUENCE OF:			Interval between onset and death		
	(b) Coronary A	rtery Disease			: Years		
-/ I	DUE TO, OR AS A CONS	BEQUENCE OF			Interval between onset and death		
AUSE OF	(c)				:		
DEATH	PART OTHER SIGNIFICANT COND	ITIONS—Conditions contributing	lo death but not resulting in the underlying ca	use given in Part 1. AUTOPSY (\$ Yes	or No. CORONER (Specify Yes or No.)		
	Uncontrol1	ed Hypertensio		26.NO	27. No		
\	OR PENDING INVEST.			ION1 OGGUNNED			
\ I	28a. 280.	28c.	M 28d. street, factory, office LOCATION.	STREET OR R.F.D. No.	CITY OR TOWN STATE		
\ \	(Specify Yes or No) building, etc. (Specify)						
1	28e. 28f.		28g.				
,		STATE RA	EGISTRAR		No. 223205		

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date issued: