APN 005-251-19 APN 005-251-24

APN

01/16/2018 09:30 AM

Official Record
Recording requested By
EDWARD J HANIGAN-ATTORNEY AT LAW

Lincoln County - NV

Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 5

RPIT: Recorded By: AK
Book- 316 Page- 0532

AFFIDAVIT OF DEATH PURSUANT TO NRS 111.365 Title of Document

Affirmation Statement

l, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

X 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 111.365 Certificate of Death attached to Affidavit of Death. (State specific law)

Signature Signature

Attorney for Donald M. Abley

Title

Edward J. Hanigan Print

1/10/2018

Date

Grantees address and mail tax statement:

<u>Donald M. Abley</u> <u>9716 Trail Rider Dr.</u> <u>Las Vegas, NV 89117</u> APN: 005-251-19 and 005-251-24

RECORDED AT THE REQUEST OF, **AND** WHEN RECORDED, RETURN TO:

Edward J. Hanigan, Esq. 2850 W. Horizon Ridge Pkwy., Ste. 200 Henderson, Nevada 89052

AFFIDAVIT OF DEATH PURSUANT TO NRS 111.365

Donald M. Abley, being first duly sworn, deposes and says that affiant has personal knowledge of the facts attested to in this Affidavit and is competent to be a witness as to the matters hereinafter stated.

1. That affiant is the surviving spouse of the decedent, Mary Ann Sharpe-Abley, and is the person named as one of the grantees in that certain Grant, Bargain, Sale Deed recorded on March 29, 2005, as Instrument No. 124143, and that certain Grant, Bargain, Sale Deed recorded on September 7, 2004, as Instrument No. 123010, in the office of the County Recorder of Lincoln County, State of Nevada, conveying the real properties more particularly described:

See Exhibit "A" attached hereto

2. That Mary Ann Sharpe-Abley died in Las Vegas, Nevada on October 25, 2017, is
one of the grantees named in said deed and was the identical person named as Mary Ann
Sharpe, the decedent, in the Death Certificate attached as Exhibit "B".

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on the 9th day of January, 2018, by Donald M. Abley.

SUSAN HYMAS Notary Public, State of Nevada Appointment No. 99-38312-1 My Appt. Expires July 3, 2020

Notary Public
My commission expires: 7/3/2020

EXHIBIT A LEGAL DESCRIPTONS

APN: 005-251-19

PARCEL 1C OF SUBSEQUENT PARCEL MAP DIVIDING PARCEL ONE, PLAT BOOK B, PAGE 363, LINCOLN COUNTY, NV RECORDS FOR RICHARD MOSER AND ALLISON NEWLON RECORDED NOVEMBER 3, 2003, IN PLAT BOOK C, PAGE 12 AS FILE NO. 121195, LYING WITHIN THE NORTHEAST QUARTER (NE ¼) SOUTHEAST QUARTER (SE ¼) OF SECTION 25, TOWNSHIP 5 NORTH, RANGE 65 EAST, M.D.B.& M., LINCOLN COUNTY, NEVADA.

APN: 005-251-24

THAT PORTION OF THE NORTHEAST QUARTER (NE ¼) OF THE SOUTHEAST QUARTER (SE ¼) OF SECTION 25 TOWNSHIP 5 NORTH, RANGE 65 EAST, M.D.B.& M., LINCOLN COUNTY, NEVADA, DESCRIBED AS FOLLOWS:

PARCEL 1D OF SUBSEQUENT PARCEL MAP DIVIDING PARCEL ONE, PLAT BOOK B, PAGE 363, FOR RICHARD MOSER AND ALLISON NEWLON, AS SHOWN UPON MAP THEREOF RECORDED NOVEMBER 3, 2003 AS FILE 121196 IN PLAT BOOK C, PAGE 13.







CASE FILE NO. 3987213

DEPARTMENT OF HEALTH AND HUMAN SERVICES **DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

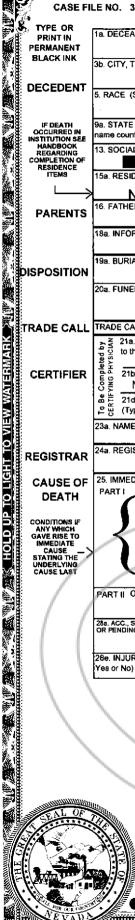
VITAL STATISTICS CERTIFICATE OF DEATH

2017020857

ር። ሴ. TYPE OR					•	STATE FILE NUMBER	. #	
PRINT IN	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) 2			2. DATE	2. DATE OF DEATH (Mo/Day/Year) 3a. COUNTY OF DEATH			
PERMANENT BLACK INK	Mary Ann SHARPE				October 25, 2017 Clark			
DEAGK IIII	3b. CITY, TOWN, OR LOCATION OF DE	ATH 3c. HOSPITAL OR OTHER	R INSTITUTION -Name(If no	ot either, give street a	n/3e.ff Hosp. or Inst. indid Inpatient(Specify)	ate DOA, OP/Emer. Rm.	4. SEX	
DECEDENT	Las Vegas		Summerlin Hospital Medical Center			patient	Female	
020202,11	5. RACE (Specify)	6. Hispanic Origi No - Non-Hisp		Last birthday 7b. UND MOS	DER 1 YEAR 7c. UNDER	1 DAY 8. DATE OF BI	RTH (Mo/Day/Yr)	
	White	1		69	1 1	- Januar	y 30, 1948	
IF DEATH OCCURRED IN	9a. STATE OF BIRTH (If not US/CA, name country) Colorado	9b. CITIZEN OF WHAT COUNT	I I	ARITAL STATUS (Specify Married) 12. SURVIVING SPOU	SE'S NAME (Last name prior Onald M ABLE)		
INSTITUTION SEE HANDBOOK	name country) Colorado 13. SOCIAL SECURITY NUMBER	United States 14a. USUAL OCCUPATION (Gi	18 Ive Kind of Work Done Duris	45	KIND OF BUSINESS OR		er in US Armed	
REGARDING COMPLETION OF RESIDENCE	is. deapte seed with industrial	144. 000/2 0000/ //// (01	Teacher	ing labor di	School Dist		rces? No	
ITEMS	15a. RESIDENCE - STATE 15b. CC	UNTY 15c. CI	TY, TOWN OR LOCATION	15d. STREET AN	D NUMBER	[1:	5e. INSIDE CITY IMITS (Specify Yes	
\longrightarrow	Nevada	Clark	Las Vegas	9716 Trail F	Rider Drive	ai	(No) Yes	
PARENTS	16. FATHER/PARENT - NAME (First M	•		MOTHER/PARENT	- NAME (First Middle L	1776	1	
IARCINIO		ert SHARPE		- 1	Mary O	WEN		
	18a. INFORMANT- NAME (Type or Print Donald M AB	•			City or Town, State, Zip) Prive Las Vegas, Ne	nuada 90117	1	
	19a. BURIAL, CREMATION, REMOVAL,				19c, LOC		State	
DISPOSITION	Cremation	TWENT OPERALLY	Palm Cres	76.	1.	Las Vegas Nevada	76. 3	
	20a. FUNERAL DIRECTOR - SIGNATUR	RE (Or Person Acting as Such)	20b. FUNERAL DIRECTO	OF 20c. NAME AND				
	DAVID F 1		LICENSE NUMBER FO866			ary-Cheyenne		
TD4.DE 0411	SIGNATURE A TRADE CALL - NAME AND ADDRESS	UTHENTICATED	LD000	/	7400 W Cheyenne	Las Vegas NV 891	29	
TRADE CALL		1 4 4 4 5 14		200 0 11 11 1				
	21a. To the best of my knowledge to the cause(s) stated.(Signature	& Title) SIGNATURE A	HYMENTICATED 4 %		examination and/or investige place and due to the cause(:			
OEDTIEIED	to the cause(s) stated.(Signature & Title) CHARANPAL SINGH MD SIGNATURE AUTHENTICATED Output The cause(s) stated (Lignature & Title) CHARANPAL SINGH MD							
CERTIFIER	CHARANPAL SINGH MD 21b. DATE SIGNED (Mo/Day/Yr) November 09, 2017 21c. HOUR OF DEATH 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22c. HOUR OF DEATH 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD AT (Hour)							
	21d NAME OF ATTENDING PH		TIFIER # 8	22d PRONOUNCE	ED DEAD (Mo/Day/Yr)	22e. PRONOUNCED	DEAD AT (Hour)	
			76.		1			
	23a. NAME AND ADDRESS OF CERTIF	FIER (PHYSICIAN, ATTENDING I npat Singh MD 2075 E F			IER) (Type or Print)	23b. LICENSE NU	JMBER 165	
	24a. REGISTRAR (Signature)	SUSAN ZANNIS		TE RECEIVED BY RE	GISTRAR 24c. DE	ATH DUE TO COMMUN		
REGISTRAR		IGNATURE AUTHENTICATI	/Ma/Day		76. 27	YES NO	\mathbf{x}	
CAUSE OF		ER ONLY ONE CAUSE PER LIN	E FOR (a), (b), AND (c).)	1		Interval between	en onset and death	
DEATH		oulmonary Arrest	_					
	DUE TO, OR AS A CO	NSEQUENCE OF:	1			Interval between	en onșet and death	
CONDITIONS IF ANY WHICH GAVE RISE TO	DUE TO, OR AS A CO	NUMBER OF						
IMMEDIATE CAUSE	Pneumonia	NAEQUENCE OF:	· /	/		Interval betwee	en onset and death	
STATING THE UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and deat						en onset and death	
CAUSE LAST	Unknown Etic	ology		/		į		
	PART II OTHER SIGNIFICANT CONDI	TIONS-Conditions contributing to	death but not resulting in the	he underlying cause g	, , , , , , , , , , , , , , , , , , , ,	. AUTOPSY (Specif 27. V	VAS CASE ERRED TO CORONER	
/ /					Ye	sorNo) No (Spec	ERRED TO CORONER cify Yes or No) No	
/ /	28a. ACC., SUICIDE, HOM., UNDET. 28b. D OR PENDING INVEST. (Specify)	ATE OF INJURY (Mo/Day/Yr)	28c, HOUR OF INJURY 28	M. DESCRIBE HOW INJU	JRY OCCURRED	•		
	28e. INJURY AT WORK (Specify 28f. F		m, street, factory, office 2	8g. LOCATIÓN	STREET OR R.F.D. No.	CITY OR TOWN	STATE	
1 /	Yes or No) buildin	ng, etc. (Specify)						

LOCAL 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 state Board of Health pursuant to NRS 440.175.



476181

DATE ISSUED:

NOV 1 5 2017

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