

Official Record

Recording requested By
COW COUNTY TITLE COMPANY

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$35.00 Page 1 of 3
RPTT: Recorded By: AE
Book- 317 Page- 0502

APN: 006-361-15

RECORDING REQUESTED BY:
COW COUNTY TITLE CO.
78042

WHEN RECORDED MAIL TO:
Cow County Title Co.
761 Raindance Dr
Pahrump NV 89048



0153923

AFFIDAVIT DEATH OF JOINT TENANT

I, the undersigned, hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS 40.525
(Law).

Christina Ambert Title Agent
Signature Christina Ambert Title

This page is added to provide information required by NRS 111.312, Sections 1-2.
(Additional recording fees apply)



AFFIDAVIT DEATH OF JOINT TENANT

STATE OF Arizona
COUNTY OF Mohave

Terry W. Hedges, of legal age, being first duly sworn, deposes and says: That Lavern Lovestedt, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Lavern Lovestedt, named as one of those parties in that certain Quitclaim Deed dated October 11, 2001, executed by Western Mine Services, Inc., a Delaware Corporation to Andrew J. Lovestedt and Lavern Lovestedt, as joint tenants, recorded December 12, 2002 in Book 168 of Official Records, page 497 as File No. 119210, Lincoln County, Nevada records, covering the real property situate in the County of Lincoln, State of Nevada, described as follows:

Parcel No. 19 in the Caselton Heights subdivision, Lincoln County, Nevada and referred to as Parcel 6-361-15 by the Lincoln County Assessor, more particularly described as follows:

Situate within the Southwest Quarter (SW1/4) of Section 28, Township 1 North, Range 67 East, M.D.B. & M., located on portions of the Black Hawk No. 1 and George Washington No. 2 patented mining claims identified as MS 3681, and portions of the Treasure Hill No. 2 patented mining claims identified as MS 4033, more particularly described as follows:

The right to use the Surface of Lot 19 of the area commonly known as the Caselton Heights Campsite, as granted in that certain Trustee's Deed in favor of Kerr-McGee Corporation recorded September 20, 1976 in Book 18 of Official Records, page 313 as File No. 58591, Lincoln County, Nevada records. Said Lot 19 is depicted on the Combined Metal Reduction Plot Plan shown on the Exhibit "A" contained in Book 70 of Official Records, page 303, Lincoln County, Nevada records.

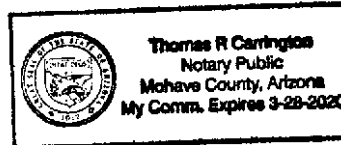
DATE: 2-15-18

Terry W. Hedges
TERRY W. HEDGES

STATE OF Arizona
COUNTY OF Mohave

This instrument was acknowledged before me on 2-15-18 by TERRY W. HEDGES.

[Signature]
Notary Public





CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
 DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
 CERTIFICATE OF DEATH

State File NO. 102- 2013-042673

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) LAVERN LOVESTEDT		2. AKA'S (IF ANY)		3. DATE OF DEATH NOVEMBER 04, 2013	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER [REDACTED]	6. DATE OF BIRTH 11/06/1928	7. AGE 84	8. UNDER 1 YEAR 8 MONTHS 9 DAYS 10 HOURS 11 MINUTES	
12. PLACE OF DEATH - HOSPITAL: <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL			13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER		
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): KINGMAN REGIONAL MEDICAL CENTER			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: KINGMAN 86409		16. COUNTY OF DEATH: MOHAVE
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): FLEMING, COLORADO		18. MARITAL STATUS AT TIME OF DEATH: MARRIED	19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): ANDREW JAMES LOVESTEDT		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 3900 N IRVING ST		21. CITY AND COUNTY: KINGMAN, MOHAVE		22. STATE ARIZONA	23. ZIP CODE 86409
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY): <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION: HOMEMAKER		29. FATHER'S NAME (FIRST, MIDDLE, LAST): KARL KUES			
31. INFORMANT'S NAME: TERRY WAYNE HEDGES		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE): WILHELMINA METTSEHER		32. RELATIONSHIP: SON	
34. NAME AND ADDRESS OF FUNERAL FACILITY: SUTTON MEMORIAL FUNERAL HOME PO BOX 4027, KINGMAN, AZ			33. INFORMANT'S MAILING ADDRESS: 3900 N IRVING ST, KINGMAN, ARIZONA 86409		35. FUNERAL DIRECTOR: TERRY M MCCORMACK, FUNERAL DIRECTOR
37. METHOD(S) OF DISPOSITION: CREMATION			36. LICENSE NUMBER: F0946		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: SUTTON CREMATORY, KINGMAN, ARIZONA
39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE			MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I		
40. A IMMEDIATE CAUSE OF DEATH: ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	41. APPROXIMATE INTERVAL: UNKNOWN				
42. B DUE TO OR AS A CONSEQUENCE OF:	43. APPROXIMATE INTERVAL:				
44. C DUE TO OR AS A CONSEQUENCE OF:	45. APPROXIMATE INTERVAL:				
46. D DUE TO OR AS A CONSEQUENCE OF:	47. APPROXIMATE INTERVAL:				
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:			49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH: NATURAL DEATH
			52. TIME OF DEATH: 1534	53. WAS AN AUTOPSY PERFORMED? NO	
			54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated.		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: ARCHIAUS L. MOSLEY, M.D.			56. DATE CERTIFIED: 11/07/2013
<input checked="" type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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) and manner stated.		57. CERTIFIER'S ADDRESS: 1145 AVIATION DRIVE UNIT A LAKE HAVASU CITY AZ 86404			58. NAME OF REGISTRAR: PATTY MEAD
					59. DATE REGISTERED: 11/12/2013

DATE ISSUED: 11/12/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA
 Revised 12/2012.

[Signature]
KHALEEL HUSSAINI
 ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURF VOIDS THIS DOCUMENT

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