

APN No	002-043-01
Escrow No	79175
Recording Requested By	
Cow County Title Co	
When Recorded Mail To	
VANDA HAYNES	
210 S 960 E	
OREM, UTAH 84097	



00000236201801541860050054

OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

(for recorders use only)

AFFIDAVIT OF DEATH OF JOINT TENANT
(Title of Document)

**This document is being re-recorded to correct the Legal Description,
as follows**

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

PARCEL 1

The North Half (N1/2) of Lot 1 in Block 19 in the Town of Panaca as shown on the Official Map thereof recorded March 6 1922 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 34, Lincoln County, Nevada records

Together with that parcel of land acquired by the Decree Quietng Title filed in the Seventh Judicial District Court of the State of Nevada, in and for the County of Lincoln, Case No 31-6-2000LC recorded September 28, 2000 in Book 151 of Official Records page 94 as File No 115319, Lincoln County Nevada records described as follows

That portion of an unclaimed and apparent unowned parcel extending from the West boundary towards the East boundary of Block 19, in the Town of Panaca, Lincoln County, Nevada in the Southeast Quarter (SE1/4) of the Southeast Quarter of Section 5, Township 2 South, Range 68 East, M D B & M , and more particularly described as follows

Beginning at the Southwest corner of said parcel monumented by a 5/8 inch rebar with plastic cap stamped L Smith PLS 12751, from which the Southeast corner of said Section 5 (which is monumented by a standard B L M brass cap) bears South 58°25'41" East, 567 36 feet,

Thence North 0°16'53" West, 12 00 feet, monumented by a 5/8 inch rebar with plastic cap stamped L Smith PLS 12751 along the West boundary of said Block 19,

Thence North 89°47'44" East, 264 00 feet, monumented by a 5/8 inch rebar with plastic cap stamped L Smith PLS 12751, to the East Lot 1 line of said Block 19,

Thence North 89°06'13" East, 86 56 feet, monumented by a 5/8 inch rebar with plastic cap stamped L Smith PLS 12751, to a fence which projects Northerly and Southerly

Thence South 3°46'37" East, 12 01 feet, monumented by a 5/8 inch rebar with plastic cap stamped L Smith PLS 12751, along the said fence,

Thence South 89°06'13" West, 87 29 feet, monumented by a 5/8 inch rebar with plastic cap stamped

L Smith PLS 12751, to the East line of said Lot 1 from which the center of Block 19 bears South 0°16'15" East, 120 00 feet, monumented by a 5/8 inch rebar with aluminum cap stamped L Smith PLS 12751, Thence South 89°47'44" West 264 00 feet to the point of beginning

Basis of Bearings being the South line of said Section 5, as given on the Town of Panaca Annexation Map recorded in Book B of Plats, page 90, Lincoln County, Nevada records

ASSESSOR'S PARCEL NUMBER FOR 2017 - 2018 002-043-01

The above legal description is a metes and bounds description and was obtained from a Quitclaim Deed, recorded December 15, 2010 in Book 260 Official Records, page 570, as File No 137471 and from a Decree Quieting Title recorded September 28, 2000 in Book 151 of Official Records, page 94 as File No 115319, Lincoln County, Nevada records

This additional information required by NRS 111 312 and NRS 239B 030

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law NRS 40 525



Signature
Don-Rita Rice

Escrow Agent

Title



0135756

APN 02-043-01

When recorded mail to
Dylan V Frehner, Esq
P O Box 517
Pioche, NV 89043

Requestor's Address
Emily Brookie Condie Swallow
P O Box 905
Panaca, Nevada 89042

Joint Tenants Address
Emily Brookie Condie Swallow
P O Box 905
Panaca, Nevada 89042

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Emily Brookie Condie Swallow hereby swears under penalty of perjury, that the following assertions are true of her 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 The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 111252 in the Official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, and is legally known as Assessor's parcel #02-043-01, and more specifically described as follows

Parcel 1

The North Half of Lot 1 in Block 19 in the Town of Panaca, County of Lincoln, State of Nevada as shown on the Official Map thereof recorded in the Book of Plats, Page 34, Lincoln County, Nevada Records

3 The real property, which is the subject of the Joint Tenancy Deed recorded as Document number 111252 In the official Records in the Office of the Lincoln County Recorder of Lincoln County, Nevada, listed two Joint Tenants, Grover Swallow and



Emily Brookie Condie Swallow, Husband and Wife, 892 Blad Street, Panaca, Nevada, 89042

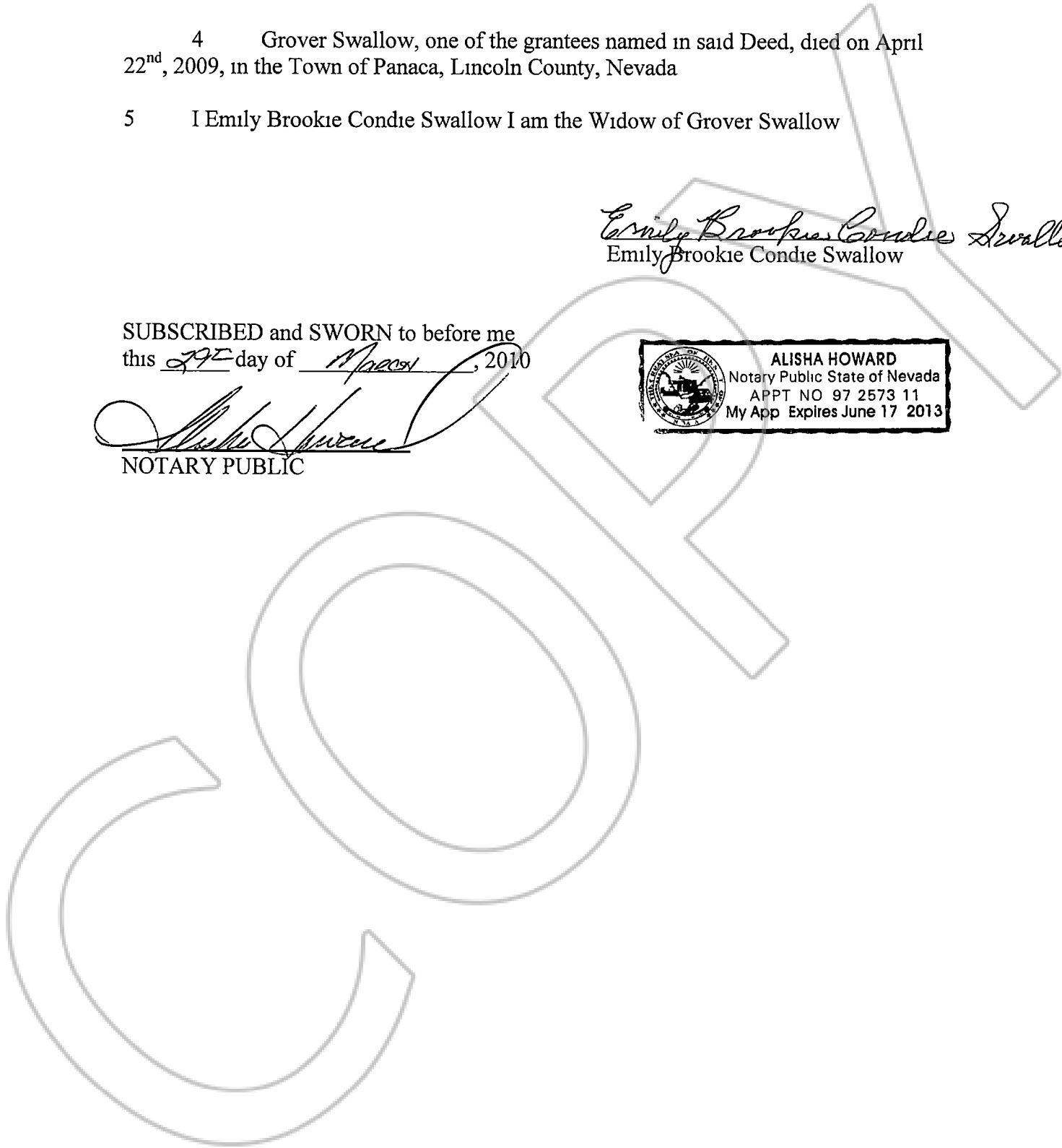
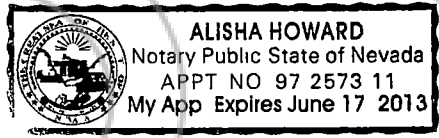
4 Grover Swallow, one of the grantees named in said Deed, died on April 22nd, 2009, in the Town of Panaca, Lincoln County, Nevada

5 I Emily Brookie Condie Swallow I am the Widow of Grover Swallow

Emily Brookie Condie Swallow
Emily Brookie Condie Swallow

SUBSCRIBED and SWORN to before me
this 29th day of March, 2010

Alisha Howard
NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2009006236
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

1a DECEASED NAME (FIRST MIDDLE LAST SUFFIX) Grover SWALLOW		2 DATE OF DEATH (Mo/Day/Year) April 22 2009		3a COUNTY OF DEATH Lincoln	
3b CITY TOWN OR LOCATION OF DEATH Panaca		3c HOSPITAL OR OTHER INSTITUTION Name (If not either - give street and number) 892 Blad Street		3e If Hosp or Inst indicate DOA OP/Emer Rm Inpatient (Specify)	
4 SEX Male		5 RACE White (Specify)		6 DATE OF BIRTH (Mo/Day/Yr) October 23 1927	
7a AGE Last birthday (Years) 81		7b UNDER 1 YEAR MOS DAYS		7c UNDER 1 DAY HOURS MINS	
8 Hispanic Origin? Specify No Non Hispanic		9a STATE OF BIRTH (If not U S A name country) Utah		9b CITIZEN OF WHAT COUNTRY United States	
10 EDUCATION 16		11 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married		12 SURVIVING SPOUSE (if wife give maiden name) Brookie CONDIE	
13 SOCIAL SECURITY NUMBER		14a USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life Even if Retired) Pharmacist		14b KIND OF BUSINESS OR INDUSTRY Pharmacy	
15a RESIDENCE STATE Nevada		15b COUNTY Lincoln		15c CITY TOWN OR LOCATION Panaca	
15d STREET AND NUMBER 892 Blad Street		15e INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16 FATHER NAME (First Middle Last Suffix) Thomas Charles SWALLOW			17 MOTHER NAME (First Middle Last Suffix) Vanda DUNCAN		
18a INFORMANT NAME (Type or Print) Emily Brookie CONDIE SWALLOW		18b MAILING ADDRESS (Street or R F D No City or Town State Zip) 892 Blad Street Panaca Nevada 89042			
19a BURIAL CREMATION REMOVAL OTHER (Specify) Burial		19b CEMETERY OR CREMATORY NAME Panaca Cemetery		19c LOCATION City or Town State Panaca Nevada 89042	
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b FUNERAL DIRECTOR LICENSE 807		20c NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL NAME AND ADDRESS					
21a To the best of my knowledge death occurred at the time date and place and due to the cause(s) stated (Signature & Title) JOHN R ROGERS MD SIGNATURE AUTHENTICATED			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 (Signature & Title)		
21b DATE SIGNED (Mo/Day/Yr) April 27 2009		21c HOUR OF DEATH 11 11		22b DATE SIGNED (Mo/Day/Yr)	
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c HOUR OF DEATH		22d PRONOUNCED DEAD (Mo/Day/Yr)	
22e PRONOUNCED DEAD AT (Hour)		23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER OR CORONER) (Type or Print) JOHN R ROGERS MD PO Box 1010 Caliente NV 89008			
23b LICENSE NUMBER 1770589186				24a REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED	
24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 28 2009		24c DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) Cardiac Arrhythmia DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(d) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II Severe Malnutrition due to Esophageal Stricture and Parkinson's Disease				26 AUTOPSY (Specify Yes or No) No	
27 WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a ACC SUICIDE HOM UNDET OR PENDING INVEST (Specify)			
28b DATE OF INJURY (Mo/Day/Yr)		28c HOUR OF INJURY		28d DESCRIBE HOW INJURY OCCURRED	
28e INJURY AT WORK (Specify Yes or No)		28f PLACE OF INJURY At home farm street factory office building etc (Specify)		28g LOCATION STREET OR R F D No CITY OR TOWN STATE	

STATE REGISTRAR

52753

VRS-Rev 2008T

270256

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records

DATE ISSUED

This copy is not valid unless the date is engraved border displaying date seal and signature of Registrar

PBNC0 (REV) 1/06

Rod White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

