



OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

APN 004-132-02

APN _____

APN _____

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document

Affirmation Statement

 X I, 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)

_____ 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: _____
(State specific law)

[Signature] _____ *Attorney*
Signature Title

Dylan V. Frehner, Esq.
Print

7/10/2018
Date

Grantees address and mail tax statement:
Mike Strong
P.O. Box 315
Alamo, Nevada 89001

APN: 004-132-02

RETURN RECORDED DEED TO:

Michael Strong
P.O. Box 315
Alamo, Nevada 89001

GRANTEE/MAIL TAX STATEMENTS TO:

Michael Strong
P.O. Box 315
Alamo, Nevada 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Michael Strong 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.

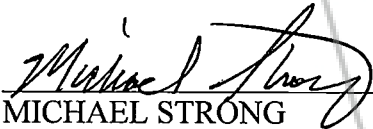
2. I am Michael Strong, the son of Beverly Jean Cheeney and step-son of Lawrence L. Cheeney, the persons named as joint tenant with right of survivorship named in the certain Deed and other Documents stated below:

- a. A Joint Tenancy Deed recorded on August 29, 2001, as Document #116879, in Book 157, Page 563-564, 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 004-132-02, in the County of Lincoln, State of Nevada, and further described as:

Lot 17 of ALAMO SOUTH SUBDIVISION TRACT NO. 1, as shown on that certain final plat filed for record in the Office of the Lincoln County Recorder on the 13th day of January, 1977, in Book A-1 of Plats, page 124, assigned No. 59020

EXCEPTING AND RESERVING all mines of gold, silver, copper, lead, cinnabar and other valuable minerals which may exist in the said tract as reserved in the land patent recorded April 9, 1927, in Book C-1 of Deeds, page 296 as file No. 3965, Lincoln County, Nevada records.

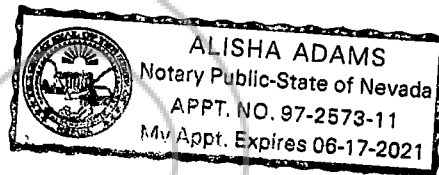
3. Beverly Jean Cheeney, is one of the grantees named in said Deeds and Documents listed above, and is the identical Beverly Jean Cheeney, who died on September 27, 2015, in Alamo, Lincoln County, State of Nevada. I am MICHAEL STRONG, the son of Beverly Jean Cheeney.


MICHAEL STRONG

SUBSCRIBED and SWORN to before me

this 7th day of June, 2018.


NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

STATE FILE NUMBER
2015017742

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) Beverly Jean CHEENEY		2. DATE OF DEATH (Mo/Day/Year) September 27, 2015		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street or 364 Danielle Lane		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
4. SEX Female		5. RACE - White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 18, 1931		9a. STATE OF BIRTH (If not U.S.A.) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (Maiden name) Lawrence L.CHEENEY	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Assistant Cook		14b. KIND OF BUSINESS OR INDUSTRY Education	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 364 Danielle Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Lester Leon ADAMS			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Viola STARR		
18a. INFORMANT - NAME (Type or Print) Lawrence L. CHEENEY		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 435 Alamo, Nevada 89001			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BRIAN REBMAN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER 49		20c. NAME AND ADDRESS OF FACILITY Moapa Valley Mortuary 5090 N Moapa Valley Blvd Logandale NV 89021	
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) SIGNATURE AUTHENTICATED MINESH AMIN			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) September 29, 2015		21c. HOUR OF DEATH 08:09		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Minesh Amin 688 Childrens Way Henderson, NV 89052				23b. LICENSE NUMBER DO1591	
24a. REGISTRAR (Signature) VERALYNN A BOYACK SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 16, 2015		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) Chronic Obstructive Pulmonary Disease				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 OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (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

600665

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: **10/16/2015**

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

R. J. White
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

