

APN 004-121-09

APN _____

APN _____



OFFICIAL RECORD
LESLIE BOUCHER RECORDER

AFFIDAVIT OF DEATH OF JOINT TENANT

Title of Document

Affirmation Statement

____ 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 NRS 40 525(5) & 111 365
(State specific law)

Denise L. Shumway
Signature Title

Denise L. Shumway
Print

9-7-18
Date

Grantees address and mail tax statement

Denise L. Shumway and Joel David Shumway

P O Box 214

Alamo, Nevada 89001

APN 004-121-09

RETURN RECORDED DEED TO
Denise L Shumway and Joel David Shumway
P O Box 214
Alamo, NV 89001

GRANTEE/MAIL TAX STATEMENTS TO
Denise L Shumway and Joel David Shumway
P O Box 214
Alamo, NV 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada)
)ss
County of Lincoln)

Denise L Shumway 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 I am Denise L Shumway, also known as Denise Shumway, the same person named as one of the grantees as joint tenants with right of survivorship named in the certain Deed and other Documents stated below

a A Grant Deed recorded on the 14th day of April, 1998, as Document #110839, in Book 134, Page 44, 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 004-121-09, in the County of Lincoln, State of Nevada, and further described as

Lot Forty-Six (46) of Alamo South Subdivision, Tract No 1, Unit No 2, Lincoln County, Nevada

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3 Bernice E Bryant, also known as Bernice Elaine Bryant, is one of the grantees named in the said Deed and Documents listed above, and is the identical Bernice Elaine Bryant, who died on January 27th, 2018, in Alamo, Lincoln County, State of Nevada I am Denise L Shumway, the daughter of Bernice E Bryant

Denise L Shumway
Denise L Shumway

SUBSCRIBED and SWORN to before me

This 7th day of September, 2018

Lola L Sharp

NOTARY PUBLIC



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO 4001414

CERTIFICATE OF DEATH

2018001760
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) Bernice Elanie BRYANT			2. DATE OF DEATH (Mo/Day/Year) January 27 2018			3a COUNTY OF DEATH Lincoln					
3b CITY TOWN OR LOCATION OF DEATH Alamo			3c. HOSPITAL OR OTHER INSTITUTION Name (if not either give street and Inpatient (Specify) Home			4 SEX Female					
5 RACE (Specify) White		6 Hispanic Origin? Specify No - Non-Hispanic		7a AGE-Last birthday (Years) 82		7b UNDER 1 YEAR MOS DAYS HOURS MINS		7c UNDER 1 DAY MOS DAYS HOURS MINS			
8 DATE OF BIRTH (Mo/Day/Yr) August 27 1935			9a STATE OF BIRTH (If not US/CA name country) California			9b CITIZEN OF WHAT COUNTRY United States			10 EDUCATION 12		
11 MARITAL STATUS (Specify) Widowed			12 SURVIVING SPOUSE'S NAME (Last name prior to first marriage)								
13 SOCIAL SECURITY NUMBER [REDACTED]			14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Manager			14b KIND OF BUSINESS OR INDUSTRY Assisted Living			Ever in US Armed Forces? No		
15a RESIDENCE - STATE Nevada		15b COUNTY Lincoln		16c CITY TOWN OR LOCATION Alamo		15d STREET AND NUMBER 462 Theresa Court			15e INSIDE CITY LIMITS (Specify Yes or No) Yes		
16 FATHER/PARENT NAME (First Middle Last Suffix) Glen LYON						17 MOTHER/PARENT NAME (First Middle Last Suffix) Freda MEYER					
18a INFORMANT NAME (Type or Print) Denise L SHUMWAY						18b MAILING ADDRESS (Street or R F D No City or Town State Zip) PO Box 214 Alamo Nevada 89001					
19a BURIAL, CREMATION REMOVAL OTHER (Specify) Removal/Cremation				19b CEMETERY OR CREMATORY NAME Southern Utah Crematory				19c. LOCATION City or Town State Cedar City Utah 84720			
20a FUNERAL DIRECTOR SIGNATURE (Or Person Acting as Such) MATTHEW RICHARD HOYLE SIGNATURE AUTHENTICATED				20b FUNERAL DIRECTOR LICENSE NUMBER FD912		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) CLARENCE RAY 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) CLARENCE RAY SIGNATURE AUTHENTICATED					
21b DATE SIGNED (Mo/Day/Yr)			21c. HOUR OF DEATH			22b DATE SIGNED (Mo/Day/Yr) January 29, 2018			22c. HOUR OF DEATH 04 21		
21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22d. PRONOUNCED DEAD (Mo/Day/Yr) January 27, 2018			22e PRONOUNCED DEAD AT (Hour) 04 21		
23a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN ATTENDING PHYSICIAN MEDICAL EXAMINER, OR CORONER) (Type or Print) Clarence Ray 1050 SR 322 Pioche, NV 89043									23b LICENSE NUMBER 059		
24a REGISTRAR (Signature) MICHELLE L BLANCHFIELD SIGNATURE AUTHENTICATED				24b DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 30 2018		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) Myocardial Infarction										Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF											
(b) Fat Embolism										Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF											
(c) Long Bone Fracture										Interval between onset and death Two Days	
DUE TO OR AS A CONSEQUENCE OF											
(d) Accidental Fall										Interval between onset and death Two Days	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I Hypertension High Cholesterol Chronic Obstructive Pulmonary Disease									26 AUTOPSY (Specify Yes or No) No		27 WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes
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

000708510



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 **FEB 06 2018**

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

VRS-Rev 20120523a

