

APN 002-053-17

APN _____

APN _____



OFFICIAL RECORD
LESLIE BOUCHER, RECORDER

DEATH OF GRANTOR AFFIDAVIT

Title of Document

Affirmation Statement

CLB 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] _____ Title: SON

Print CLIFTON BAILEY

12/28/18
Date

Grantees address and mail tax statement:

3232 N. EAGLE ROCK RD.
KINGMAN, AZ 86401

DEATH OF GRANTOR AFFIDAVIT

CLIFTON BAILEY (here insert name of affiant), being duly sworn, deposes and says that SANDRA BAILEY (here insert name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as SANDRA BAILEY (here insert name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 09/16/2015 (date), as document or file number 0148325 book 290, at page 281, records of LINCOLN County, Nevada, covering the real property commonly known as 905 CALLAWAY ST., City of PANACA, County of LINCOLN, State of Nevada, or located in the County of _____, State of Nevada, and more particularly described as:

SEE EXHIBIT A

(Legal Description)

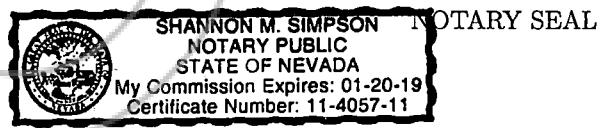
THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

12/28/18 (Date)
[Signature] (Signature)
CLIFTON BAILEY

State of Nevada }
County of Lincoln }ss.

Subscribed and sworn to on this 28th day of December, in the year 2018, before me, Shannon M. Simpson (here insert name of notary public), by Clifton Lee Bailey (here insert name of principal).

Shannon M. Simpson (Signature of Notary Public)



EXHIBIT

A

PARCEL THREE (3) OF PARCEL MAP DIVIDING THE EAST HALF (E ½) OF THE WEST HALF (W ½) OF BLOCK 18, PANACA TOWNSITE, LINCOLN COUNTY, NEVADA FOR STEVEN W. & TORRIE O. KLUMP, RECORDED IN THE PLAT BOOK B, PAGE 379, OFFICIAL RECORDS OF LINCOLN COUNTY, NEVADA AS FILE NO. 116704, BEING A PART OF THE NORTHEAST QUARTER (NE ¼) OF SECTION 8, TOWNSHIP 2 SOUTH, RANGE 68 EAST, M.D.B. & M.

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4043207

CERTIFICATE OF DEATH

2018018927

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) Sandra Hope BAILEY		2. DATE OF DEATH (Mo/Day/Year) September 29, 2018		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Grover C Dils Medical Center Inpatient(Specify)		3e. If Hosp. or Inst. indicate DOA,OP, Emer. Rm. Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 70		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY: HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) February 27, 1948		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		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Bus Driver		14b. KIND OF BUSINESS OR INDUSTRY Long Beach School District	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 905 Callaway Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT- NAME (First Middle Last Suffix) Nathan Orr THORN			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Elizabeth Edmon GRIFFEY		
18a. INFORMANT- NAME (Type or Print) Clifton BAILEY		18b. MAILING ADDRESS (Street or R.F.D. No.; City or Town, State, Zip) 3232 North Eagle Rock Road Kingman, Arizona 86401			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Burial		19b. CEMETERY OR CREMATORY - NAME Park Lawn Cemetery		19c. LOCATION City or Town State Commerce California 90040	
20a. FUNERAL DIRECTOR'S SIGNATURE (Of Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		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) R WILLIAM KATSCHKE 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) October 03, 2018		21c. HOUR OF DEATH 15:15		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) R William Katschke MD P.O. Box 1010 Caliente, NV 89008				23b. LICENSE NUMBER 10509	
24a. REGISTRAR (Signature) BREECE D FLORES SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 03, 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))				Interval between onset and death	
PART I (a) Cardiac Arrest				Minutes	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(b) Acute Respiratory Failure				Days	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(c) COPD				Years	
DUE TO, OR AS A CONSEQUENCE OF				Interval between onset and death	
(d)					
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	
				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

000733383



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: **OCT 04 2018**

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

Julie Katschke
STATE REGISTRAR

