

APN: 012-060-03

RETURN RECORDED DEED TO:  
Pete Delmue, Delmue Ranch  
HC 74 Box 415  
Pioche, NV 89043



OFFICIAL RECORD  
AMY ELMER, RECORDER

GRANTEE/MAIL TAX STATEMENTS TO:  
Pete Delmue, Delmue Ranch  
HC 74 Box 415  
Pioche, NV 89043

AFFIDAVIT OF DEATH OF JOINT TENANT

State of NEVADA     )  
                                  )ss  
County of LINCOLN     )

Rose Marie Delmue 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, Rose Marie Delmue, the same person named as one of the grantees as joint tenants with right of survivorship named in the certain Joint Tenancy Deed recorded on the 4<sup>th</sup> day of January, 1972, as Document #51182, in Book 3, Pages 343-346, 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 012-070-02 in the County of Lincoln, State of Nevada, and further described as:

**The SW1/4SE1/4 of Section 6, T. 1 S., R. 69 E., M.D.M., which constitutes approximately 40 acres as part of Patent No. 6801.**

3. Frank Joseph Delmue, is one of the grantees named in said Joint Tenancy Deed listed above, and is the identical Frank Joseph Delmue, who died on May 28, 2016, in Lincoln County, State of Nevada. A Certificate of Death for Frank Joseph Delmue is attached hereto as Exhibit "A". I am Rose Marie Delmue, the widow of Frank Joseph Delmue.

*Rose Marie Delmue*  
\_\_\_\_\_  
Rose Marie Delmue

AFFIDAVIT OF DEATH OF JOINT TENANT  
APN 012-070-02

SUBSCRIBED and SWORN to before me

This 20<sup>th</sup> day of February, 2017. <sup>9 esc</sup> 2.20.2019

Ellen Seeley Cooke  
NOTARY PUBLIC  
State of Utah  
County of Washington



COPY

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3898388

**CERTIFICATE OF DEATH**

2016009904

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) <b>Frank Joseph DELMUE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>May 28, 2016</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pioche</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street address) <b>3765 Paiute Road</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>85</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>November 19, 1930</b>		9a. STATE OF BIRTH (If not US/CA: name country) <b>Utah</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>12</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Rose Marie CONDIE</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>Rancher</b>		<b>Agriculture</b>		Ever in US Armed Forces? <b>Yes</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Pioche</b>	
15d. STREET AND NUMBER <b>3765 Paiute Road</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Albert Marcellus DELMUE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Della EMPEY</b>		
18a. INFORMANT-NAME (Type or Print) <b>Rose Marie DELMUE</b>		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>HC 74 Box 415 Pioche, Nevada 89043</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Panaca Cemetery</b>		19c. LOCATION City or Town State <b>Panaca Nevada 89042</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Callente NV 89008</b>	
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) <b>Signature AUTHENTICATED JOHN R ROGERS M.D.</b>			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) <b>June 02, 2016</b>		21c. HOUR OF DEATH <b>04:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)					
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>John R. Rogers M.D. PO Box 1010 Callente, NV 89008</b>				23b. LICENSE NUMBER <b>12629</b>	
24a. REGISTRAR (Signature) <b>VERALYNN A BOYACK Signature AUTHENTICATED</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>June 03, 2016</b>		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				Interval between onset and death	
(a) <b>Debility And Malnutrition</b>				<b>Months</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Dementia</b>				<b>Years</b>	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
(d)				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. <b>Hypertension</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
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

000630216



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:

6/7/2016

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

*Cody P. Prineas*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

VRS-Rev-20120523a

