

APN 002-134-08

APN \_\_\_\_\_

APN \_\_\_\_\_



OFFICIAL RECORD  
AMY ELMER, RECORDER

Affidavit of Fact  
**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: \_\_\_\_\_  
(State specific law)

 \_\_\_\_\_  
Signature Title

Spring Stacy  
Print

4-18-2019  
Date

**Grantees address and mail tax statement:**  
Spring Stacy  
6650 Radiant Red Avenue  
Las Vegas - Nevada 89130

# AFFIDAVIT OF FACT

SPRING STACY  
6650 RADIANT RED AVENUE  
LAS VEGAS, NEVADA 89130

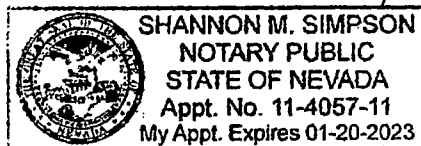
- A. SPRING STACY IS THE NIECE OF SAMMYE L. SKINNER.
- B. DEED UPON DEATH - NRS 111.655 & 111.699
- C. PARCEL 4-A of Subsequent Parcel Map for the Beacon Group recorded December 21, 2004 at PLAT BOOK C Page 95 as file 123543 in the Northwest Quarter (NW 1/4) of Section 9, township 2 South, Range 68 East, M.D.B & M, Lincoln County, Nevada, formerly described as Lot 26, Block 56 of Record of Survey recorded November 20, 1978 in Book A, Page 141, as file 63368.
- D. January 8<sup>th</sup>, 2019, - Panaca, Nevada 106 Atkinson Street

*Spring Stacy* - 4-18-2019

State of Nevada, County of Lincoln

Signed and sworn to before me on April 18, 2019, by \*\*Spring Stacy\*\*

*Shannon M. Simpson*



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

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

CASE FILE NO. 4059657

**CERTIFICATE OF DEATH**

2019000239  
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>Sammye Lea SKINNER</b>		2. DATE OF DEATH (Mo/Day/Year) <b>January 08, 2019</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Panaca</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient(Specify)) <b>106 Atchinson Street Home</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. <b>Home</b>	
3d. SEX <b>Female</b>		7b. UNDER 1 YEAR <b>Home</b>		7c. UNDER 1 DAY <b>Home</b>	
5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>69</b>	
9a. STATE OF BIRTH (If not US/CA, name country) <b>Idaho</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>16</b>	
11. MARITAL STATUS (Specify) <b>Never Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
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>Health Care</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY/TOWN OR LOCATION <b>Panaca</b>	
15d. STREET AND NUMBER <b>106 Atchinson Street</b>		15e. INSIDE CITY LIMITS (Specify Yes/No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Cecil Thomas SKINNER</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Audrey Cleora STEWART</b>		
18a. INFORMANT - NAME (Type or Print) <b>Spring Hillstead STACY</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>6650 Radiant Red Avenue Las Vegas, Nevada 89130</b>			
19a. BURIAL, CREMATION, REMOVAL; OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION - City or Town - State <b>Cedar City, Utah 84720</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 Caliente NV 89008</b>	
TRADE CALL - NAME AND ADDRESS: <b>Southern Utah Crematory 190 North 300 West, Cedar City UT 84720</b>					
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>CHASE D DIRKS</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) <b>CHASE D DIRKS</b>		
21b. DATE SIGNED (Mo/Day/Yr) <b>January 10, 2019</b>		21c. HOUR OF DEATH <b>06:27</b>		22c. HOUR OF DEATH <b>06:27</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Deputy Coroner Chase D Dirks</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>January 08, 2019</b>		22e. PRONOUNCED DEAD AT (Hour) <b>06:27</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Deputy Coroner Chase D Dirks 1050 E SR 322 Pioche NV 89043</b>				23b. LICENSE NUMBER <b>40</b>	
24a. REGISTRAR (Signature) <b>CATHERINE E SIMPSON</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>January 10, 2019</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>Myocardial Infarction</b>				Immediate	
(b) <b>Coronary Artery Disease</b>				Chronic	
(c) <b>Hypertension</b>				Chronic	
(d) <b>High Cholesterol</b>				Chronic	
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</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

000750850



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: 1/10/2019

*Julie Katchian*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

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

