APN: 01-057-07

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LINCOLN COUNTY, NV

2019-156692

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07/05/2019 08:28 AM

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OFFICIAL RECORD
AMY ELMER, RECORDER

(Space Above This Line For Recorders Use)

AFFIDAVIT - DEATH OF JOINT TENANT

JOHN J. UTZ, of legal age, being duly sworn, deposes and says:

That, LETICIA G. UTZ,

the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as LETICIA G. UTZ

named as one of the parties in that certain Deed of Trust dated November 16, 2004 executed by ELAINE MACKERT to

JOHN J. UTZ AND LETICIA G. UTZ, as joint tenants with rights of survivorship, recorded as instrument No. 123469, on December 3, 2004, in Book 194, Page 203, of Official Records of LINCOLN County, Nevada, covering the following described property situated in the County of LINCOLN, State of Nevada:

SEE ATTACHED EXHIBIT A

JOHN J. UTZ

STATE OF NEVADA

COUNTY OF WASHOE LINCOLA

} ss.

On April 16, 2019 before me, the undersigned, a Notary Public in an for the said County and State, personally appeared JOHN J. UTZ who acknowledged that he executed the above instrument.

Notary Public

S

SHANNON M. SIMPSON NOTARY PUBLIC STATE OF NEVADA Appt. No. 11-4057-11

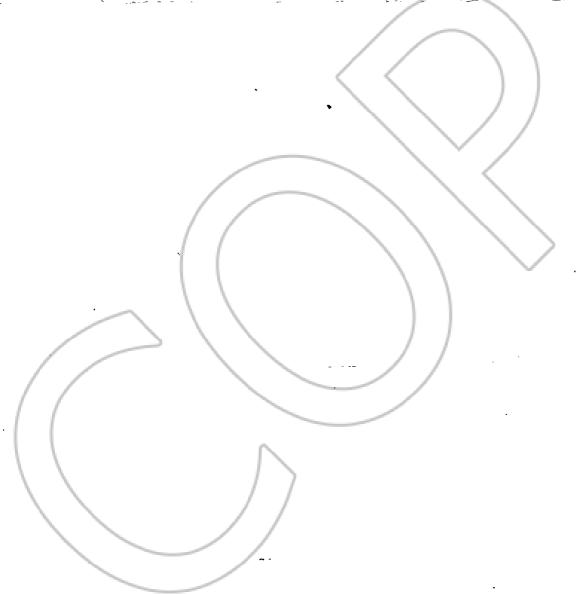
My Appt. Expires 01-20-2023

EXHIBIT "A"

LEGAL DESCRIPTION

Lot 30 and 31 in Block 37 in the Town of Pioche, Lincoln County, Nevada as said lot and block are platted and described on the Official Plat of said Town of Pioche, now on file and of record in the Office of the County Recorder of said Lincoln County, Nevada and to which plat and the records thereof reference is hereby made for further particular description.

ASSESSOR'S PARCEL NUMBER FOR 2004 - 2005: 01-057-07





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

VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES 2007000 DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

Leticie G UTZ 2 January 6, 2007 s. Lincoln GITY TOWN OR LOCATION OF DEATH MOSPITAL OR OTHER INSTITUTION—Name prince editor, pivor storm and numbers Il Hoop, or the Lindals Dod. OPIEmin. SEX Institution SEX SEX	\$	_	LOCAL FILE NUMBER			STATE FILE NUMBER
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CEDENT S. P. J. O. C. D. S. N. B. P. T. C. O. T. H. WELL THE COLLEGE Special and Applications of the Control of Early Special		÷	Leticia G.		2 January 6, 20	07 ∣₃ Lincoln
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S. Filipino 6. Fixite of Birth (if not U.S.A. name country) (if not U.S.A	ROEDENI 8		RACE—(e.g., White, Black, American Indian, etc.) (Specify) Was Decedent of Hispan Specify Mexican, Cuban	ic Origin? Specify Dives Tyrio II. yes, AGE La		
(If not U.S.A., name country) IFY grade completed SPATTING 10 10 10 10 10 10 10 1			5 Filippino 6			8 Aug. 5, 1951
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SCIAL SECURITY NUMBER 13	STITUTION	.· 			(Specific Americal	John Utz
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FINERAL DIRECTOR—SIGNATURE (O'PERSON Acting) as Such) 20a.	ſ					
FINERAL DIRECTOR—SIGNATURE (Or Person Acting las Such) 20a.			19a. Biraal 19b	Masonic/Oddfellows Cemet	ery 🖔 🧦 Isa Pioch	e Nevada
20a. To the best of my knowledge, death decurred at the time, liste and piece and due to the cause(s) and manner stated. 21a. To the best of my knowledge, death decurred at the time, liste and piece and due to the cause(s) and manner stated. 21a. To the best of my knowledge, death decurred at the time, liste and piece and due to the cause(s) and manner stated. 21a. To the best of my knowledge, death decurred at the time, liste and piece and due to the cause(s) and manner stated. 21a. To the best of my knowledge, death decurred at the time, date and piece and due to the cause(s) and manner stated. 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) and manner stated. 22b. DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH 22c. DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD	SPOSITION		FUNERAL DIRECTOR—SIGNATURE	ERAL DIRECTOR NAME AND ADDRESS OF	FACILITY M	
21a. To the best of my knowledge, death occured at the line, thate and place apid due for the cause(s) stated: Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH. Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH. Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH Signature and Title) DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH Signature and Title) DATE SIGNED (Mo., Day, Yr.) PRONOUNCED DEAD (Mo., Day, Yr.) PR	§ [307 20c. 730 Front	treet Caliente Ne	rada.
RTIFIER RTIFIER RTIFIER Second Communication Communic	3 : (3	>.	Z 21a. To the best of my knowledge, death occurred at the time			
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	AUSE OF	.	PART OTHER SIGNIFICANT CONDITIONS—Conditions conf	ributing to death but not resulting in the underlying	cause given in Part 1. AUTOPSY (\$	Specify WAS CASE REFERRED TO

9 C STATE REGISTRAR



CERTIFIED COPY OF VITAL RECORDS

DESCRIBE HOW INJURY OCCURRED

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MAY 2 3 2019

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No. 348237

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28d. LOCATION.