

APN: 001-333-32

Mail Tax Statements To:
When Recorded Mail To:

Steve Putman
P.O. Box 2
Pioche, Nevada 89043

AFFIDAVIT OF DEATH OF A JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF CLARK)

STEVEN PUTMAN does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. That I am the surviving spouse of LESLIE PUTMAN who is deceased.
2. That LESLIE PUTMAN died in the City of Las Vegas, County of Clark, State of Nevada, on or about the 17th day of June, 2019. A certified copy of the Death Certificate of the Deceased is attached to this Affidavit, marked **Exhibit A.**
3. On or about the 25th day of March, 2015, the undersigned and LESLIE PUTMAN acquired title as Joint Tenants with Right of Survivorship to a parcel of real property situated in Lincoln County, Nevada, by Deed Recorded as Document No. *0147134. Said property is located at 586 Mountain View Street, Pioche, Nevada 89043, and is more particularly described as:

That portion of the Southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of Section 10, Township 1 North, Range 67 East, M.D. B. &M., Lincoln County, Nevada, described as follows:

Parcel 18 of Parcel Map for J and S Properties recorded July 12, 2004, in the Office of the County Recorder of Lincoln County, Nevada in Book "C" of Plats, page 61 as File No. 122620. Lincoln County, Nevada records.


4. At the time of death of LESLIE PUTMAN, title to the real property described in paragraph three (3) above continued to be held by STEVEN PUTMAN AND LESLIE PUTMAN as Joint Tenants with Right of Survivorship. As a result of the death of LESLIE PUTMAN, and the joint tenancy form of title, the real property described in paragraph three (3) above is now owned by STEVEN PUTMAN.



STEVEN PUTMAN

STATE OF NEVADA)
)ss.
COUNTY OF CLARK)

On the 11th day of September, 2019, personally appeared before me, a Notary Public in and for said County and State, STEVEN PUTMAN, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument.



NOTARY PUBLIC

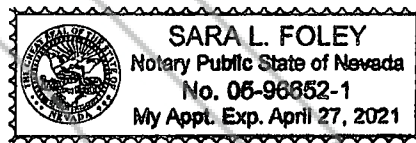
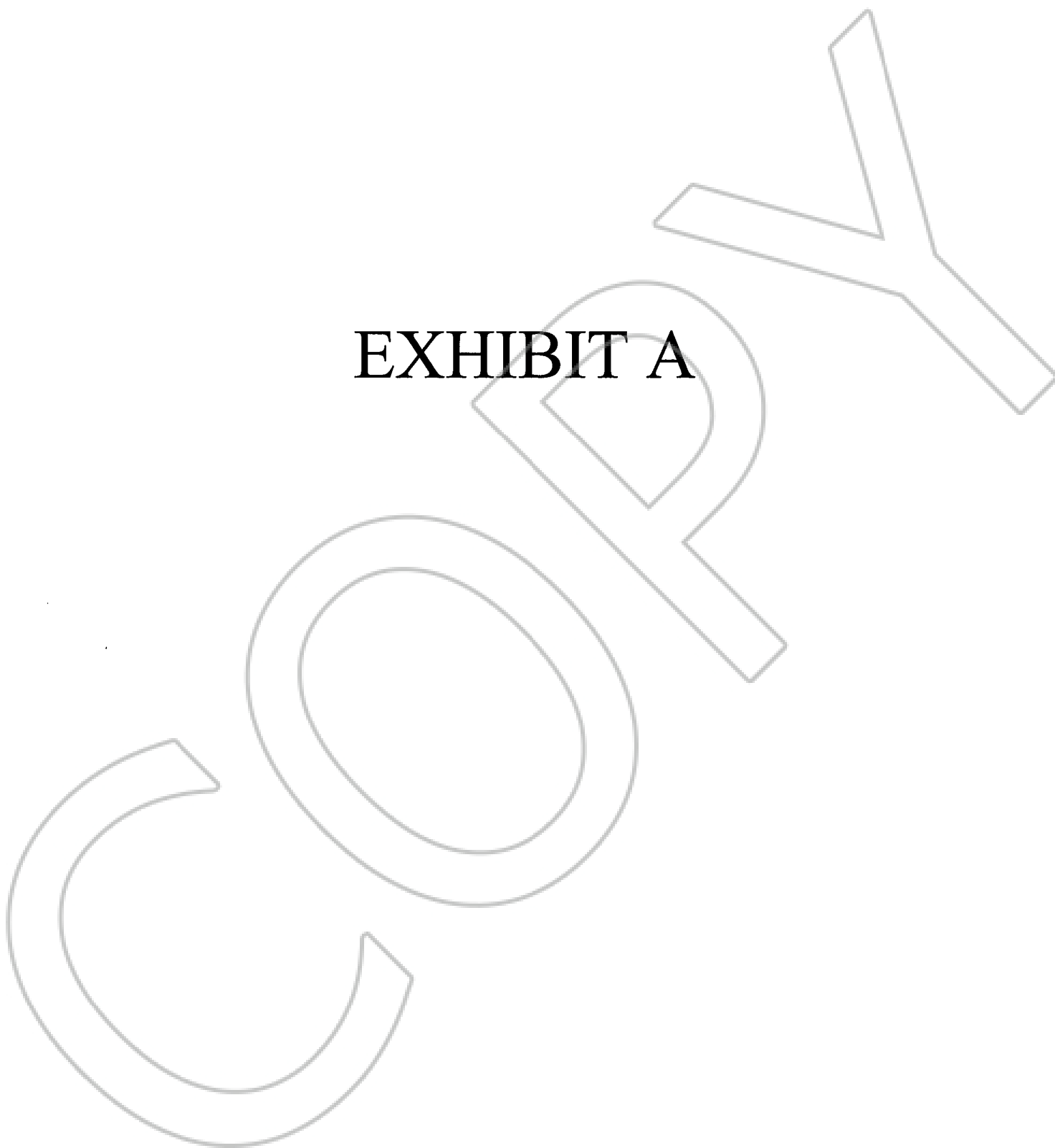


EXHIBIT A



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4087724

2019012691
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) Leslie Ann PUTMAN		2. DATE OF DEATH (Mo/Day/Year) June 17, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Henderson		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or Inpatient)(Specify) St Rose Dominican Hospital Siena Campus Intensive Care Unit (ICU)		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 58	7b. UNDER 1 YEAR MOS DAYS	7c. UNDER 1 DAY HOURS MINS
8. DATE OF BIRTH (Mo/Day/Yr) May 08, 1961		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) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Steve PUTMAN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Reservationist		14b. KIND OF BUSINESS OR INDUSTRY HOTEL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln	15c. CITY, TOWN OR LOCATION Pioche	15d. STREET AND NUMBER 586 Mountain View	15e. INSIDE CITY LIMITS (Specify Yes or No) No
16. FATHER/PARENT - NAME (First Middle Last Suffix) Ted CURCIO			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Ann		
18a. INFORMANT- NAME (Type or Print) Steve PUTMAN			18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 2 Pioche, Nevada 89043		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KRISTEN E ANDERSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD860	20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101		
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) OSCAR ASORALUZ 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) June 27, 2019		21c. HOUR OF DEATH 18:51	22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH
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) Oscar ASoraluz MD 2900 W Horizon Ridge Pkwy Henderson, NV 89052				23b. LICENSE NUMBER 10218	
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 28, 2019	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) Acute Hypoxemic Respiratory Failure					2 Weeks
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(b) Hepatorenal Syndrome					2 Weeks
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) Liver Failure					2 Weeks
DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(d) Alcohol Cirrhosis Of The Liver					Unknown
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I. Coagulopathy, Sepsis, Acute Renal Failure, Acute Anemia, Acute Respiratory Failure, Family Made Her Comfort Care, Withdrawing Life Support				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

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JUL 02 2019**

Registar of Vital Statistics
By: *[Signature]*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

