

LINCOLN COUNTY, NV

2019-157032

\$35.00

09/24/2019 01:02 PM

Rec:\$35.00

BARNEY MCKENNA & OLMSTEAD, P.C.

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OFFICIAL RECORD

AMY ELMER, RECORDER

WHEN RECORDED MAIL TO:

Jeffery J. McKenna, Esq.  
BARNEY MCKENNA & OLMSTEAD, P.C.  
P. O. Box 2710  
St. George, UT 84771-2710

MAIL TAX NOTICE TO:

Pauline M. Broadhead  
P.O. Box 404  
Alamo, NV 89001

A.P.N. 004-041-08 ~~XXXXXXXXXX~~

AFFIDAVIT OF SURVIVING JOINT TENANT  
RE: DEATH OF JOINT TENANT

STATE OF UTAH )  
 )ss.  
COUNTY OF WASHINGTON )

Pauline Morgan Broadhead a/k/a Pauline M. Broadhead, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

That Leon P. Broadhead a/k/a Leon Paul Broadhead the decedent mentioned in the attached certified copy of Certificate of Death, who died April 19, 2019, is the same person as Leon P. Broadhead a/k/a Leon Paul Broadhead, named as an owner of the following described property situated in the County of Lincoln, State of Nevada:

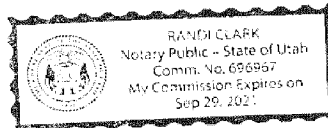
SEE EXHIBIT "A" LEGAL DESCRIPTION ATTACHED

Dated: July 25, 2019

*Pauline Morgan Broadhead*  
PAULINE MORGAN BROADHEAD, Affiant

SUBSCRIBED AND SWORN to (or affirmed) before me on the 25th day of July, 2019, by Pauline Morgan Broadhead.

*Randi Clark*  
\_\_\_\_\_  
Notary Public



## EXHIBIT "A"

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows:

### PARCEL ONE:

Commencing at the Southwest corner of the Northeast Quarter (NE1/4) of the Southwest Quarter (SW1/4) of Section 5, Township 7 South, Range 61 East, M.D.B. & M.;

Thence running due east along the South line of said Northeast Quarter (NE1/4 of the Southwest Quarter (SW1/4), a distance of 910 feet more or less to the West line of Main Street at the Northeast corner of Lot 1, Block 46, Alamo Townsite on file in the Office of the County Recorder of said Lincoln County;

Thence running North 1°23' West along the West side of said Main Street and the projection thereof, a distance of 640 feet;

Thence South 88°37' West, a distance of 420 feet to the true point of beginning;

Thence continuing South 88°37' West, a distance of 198.13 feet more or less;

Thence due South a distance of 100 feet;

Thence North 88°37' East, a distance of 200.02 more or less;

Thence North 1°23' West, a distance of 100 feet to the point of beginning.

Together with a non-exclusive easement 45 feet wide for a roadway and utilities, the centerline of which is described as follows:

Commencing at a point in the West line of said Main Street and the projection thereof a distance of 662.50 feet bearing 1°23' West from said Northeast corner of Lot 1, Block 46;

Thence running South 88°37' West, a distance of 617.49 feet to the point of ending.

ASSESSOR'S PARCEL NUMBER: 004-04-08

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

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

CASE FILE NO. 4078315

**CERTIFICATE OF DEATH**

2019008103  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE LAST,SUFFIX) <b>Leon Paul BROADHEAD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>April 19, 2019</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) <b>464 Cottonwood Street</b>		3e. If Hosp. or Inst. Indicate DCA,OP/Eme, Rm, Inpatient (Specify) <b>Home</b>	
DECEDENT	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>		7a. AGE-Last birth-day (Years) <b>77</b>	
	7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>		7d. UNDER 1 MIN <b>MIN</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>September 19, 1941</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>13</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Pauline MORGAN</b>	
PARENTS	13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>ELECTRICIAN</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>MINING</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Alamo</b>	
DISPOSITION	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Paul Elmer BROADHEAD</b>		17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Ruby ROMERO</b>			
	18a. INFORMANT - NAME (Type or Print) <b>Pauline BROADHEAD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>P.O. Box 404 Alamo, Nevada 89001</b>			
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Alamo Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada 89001</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BRIAN REBMAN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD49</b>		20c. NAME AND ADDRESS OF FACILITY <b>Moapa Valley Mortuary</b> <b>5090 N Moapa Valley Blvd Logandale NV 89021</b>	
CERTIFIER	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>MINESH AMIN DO</b> 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) <b>April 24, 2019</b>		21c. HOUR OF DEATH <b>07:30</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Minesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146</b>		23b. LICENSE NUMBER <b>DO1591</b>		24a. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
CAUSE OF DEATH	24a. REG STRAR (Signature) <b>ANGELICA RAMIREZ</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>April 25, 2019</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Parkinson's Disease</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Unknown Etiology</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b></b> DUE TO, OR AS A CONSEQUENCE OF (d) <b></b> PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.		Interval between onset and death		Interval between onset and death	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	26. ACC., SUICIDE, FOM, UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
	26d. DESCRIBE HOW INJURY OCCURRED		26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)	
26g. LOCATION		26h. LOCATION		26i. LOCATION		
26j. STREET OR R.F.D. No.		26k. CITY OR TOWN		26l. STATE		



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: 4/26/2019

*Janey J. [Signature]*  
**Interim Administrator**  
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

