

LINCOLN COUNTY, NV

2019-157646

Rec:\$35.00

Total:\$35.00

12/02/2019 02:32 PM

COW COUNTY TITLE

Pgs=3 KE

A.P.N. 001-062-01

R.P.T.T. \$0.00

Escrow No. 81488

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

JOSEPH M. MOFFO

P O Box 535

Pioche, NV 89043



00004027201901576460030035

OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT DEATH OF JOINT TENANT

Joseph M. Moffo, of legal age, being first duly sworn, deposes and says: That Eurica Jan Moffo, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant, Bargain, Sale Deed dated September 3, 1996, executed by Betty C. Phillips, a Widow to Joseph M. Moffo and Eurica Jan Moffo, husband and wife as joint tenants, recorded September 24, 1996, in Book 121, Page 155 as File No. 105969, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

The land referred to herein is described as follows:

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

That portion of Section 22, Township 1 North, Range 67 East, M.D.B.& M., more particularly described as follows:

Lots 1, 2, and 3 in Block 6 in the TOWN OF PIOCHE, as shown on Supplement "B" to the Pioche Mines Consolidated, Inc. Addition to the Official Map of said Town of Pioche, recorded April 7, 1937 in Book A-1 of Plats, page 53, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2019 - 2020: 001-062-01

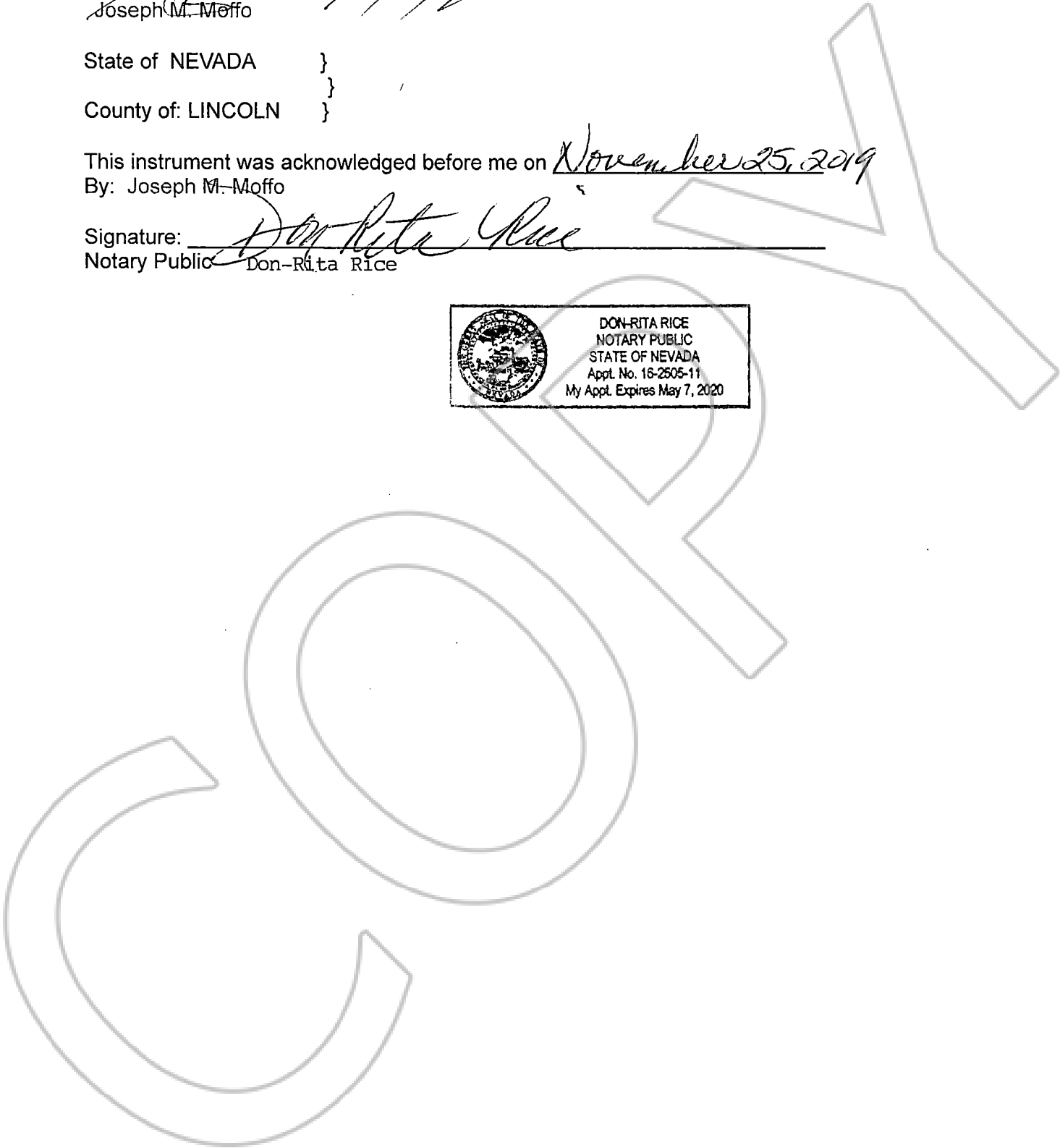
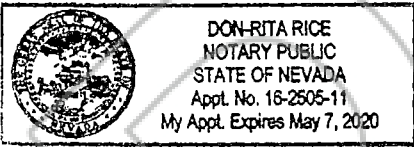
Dated: November 13, 2019


Joseph M. Moffo

State of NEVADA }
 }
County of: LINCOLN }

This instrument was acknowledged before me on November 25, 2019
By: Joseph M. Moffo

Signature: 
Notary Public Don-Rita Rice



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3920337

CERTIFICATE OF DEATH

2016019789
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) Erica Jan MOFFO		2. DATE OF DEATH (Mo/Day/Year) October 15, 2016		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and Inpatient)(Specify) Sunrise Hospital Medical Center Inpatient		4. SEX Female	
5. RACE (Specify) White		8. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 65	
7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS		7d. UNDER 1 DAY MIN	
9a. STATE OF BIRTH (If not US/CA, name country) Texas		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) Joseph MOFFO			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Business Owner		14b. KIND OF BUSINESS OR INDUSTRY Florist Shop	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 207 Austin Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First Middle Last Suffix) Kenneth THOMPSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Virginia BURCHAM		
18a. INFORMANT - NAME (Type or Print) Joseph - MOFFO		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 535 Pioche, Nevada 89043			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Pioche City Cemetery		19c. LOCATION City or Town State Pioche Nevada 89043	
20a. FUNERAL DIRECTOR - SIGNATURE (Type or Print on Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) SIGNATURE AUTHENTICATED BABAK HOOSHMAND M.D.			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) November 02, 2016		21c. HOUR OF DEATH 03:03		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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) Babak Hooshmand M.D. 3186 S Maryland Pkwy Las Vegas, NV 89109			
23b. LICENSE NUMBER 14717		24a. REGISTRAR (Signature) NANCY BARRY			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 02, 2016		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					
(a) Acute Respiratory Distress Syndrome Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Pneumonia Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Pseudomonas Interval between onset and death					
DUE TO, OR AS A CONSEQUENCE OF:					
(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 1.					
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	

AKA: Jan MOFFO

STATE REGISTRAR

VRS-Rev-20120523a

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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.

Nancy Barry
SIGNATURE AUTHENTICATED
STATE REGISTRAR

DATE ISSUED:

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

