

LINCOLN COUNTY, NV

2020-158321

\$37.00

Rec:\$37.00

05/07/2020 09:35 AM

COW COUNTY TITLE COMPANY

Pgs=3 AK

OFFICIAL RECORD

AMY ELMER, RECORDER

A.P.N. 006-241-13

Escrow No. 81436

Recording Requested By:

Cow County Title Co.

Mail Tax Statements To:

Same as below

When Recorded Mail To:

F. Douglas Duehlmeier

1926 E. Orchard Dr.

Salt lake City, Utah 84106

AFFIDAVIT DEATH OF JOINT TENANT

F. Douglas Duehlmeier, of legal age, being first duly sworn, deposes and says: That Fred Henry Duehlmeier, 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 Quitclaim Deed dated September 30, 1977, executed by Samule Lorraine Hollinger, Zelma H. Leavitt, Raymond J. Hollinger and Elizabeth H. Duehlmeier to Fred H Duehlmeier and Elizabeth H Duehlmeier, joint tenants recorded October 18, 1977 in Book 22, page 460, as File No. 60621, 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 , State of Nevada, described as follows:

That portion of the West Half (W1/2) of the Southeast Quarter (SE1/4) of Section 35, Township 2 North, Range 69 East, M.D.B.& M., more particularly described as follows:

Commencing at the Southwest corner of said Section 35, thence North 78°35'25.2" East, a distance of 3593.93 feet to the Northwest corner of said parcel, being the TRUE POINT OF BEGINNING; thence South 17°23' West along an existing fence line a distance of 101 feet more or less to a point, being the Southwest corner of said parcel; thence South 72°37' East, a distance of 570 feet more or less to a point, being the Southeast corner of said Parcel; thence North 29° East along an existing fence line, a distance of 96 feet more or less; thence North 08° East along an existing fence line, a distance of 70 feet more or less to a point, being the Northeast corner of said parcel; thence South 72° West along an existing fence line, a distance of 100 feet; thence North 70° West, a distance of 235 feet more or less to the TRUE POINT OF BEGINNING.

The above legal description is a metes and bounds description and was obtained from a Quitclaim Deed, recorded October 18, 1977 in Book 22 Official Records, page 460, as File No. 60621 Lincoln County, Nevada records.

This additional information required by NRS 111.312 and NRS 239B.030.

ASSESSOR'S PARCEL NUMBER FOR 2019 - 2020: 006-241-13

Dated: April 10, 2020

F. Douglas Duehlmeier
F. Douglas Duehlmeier

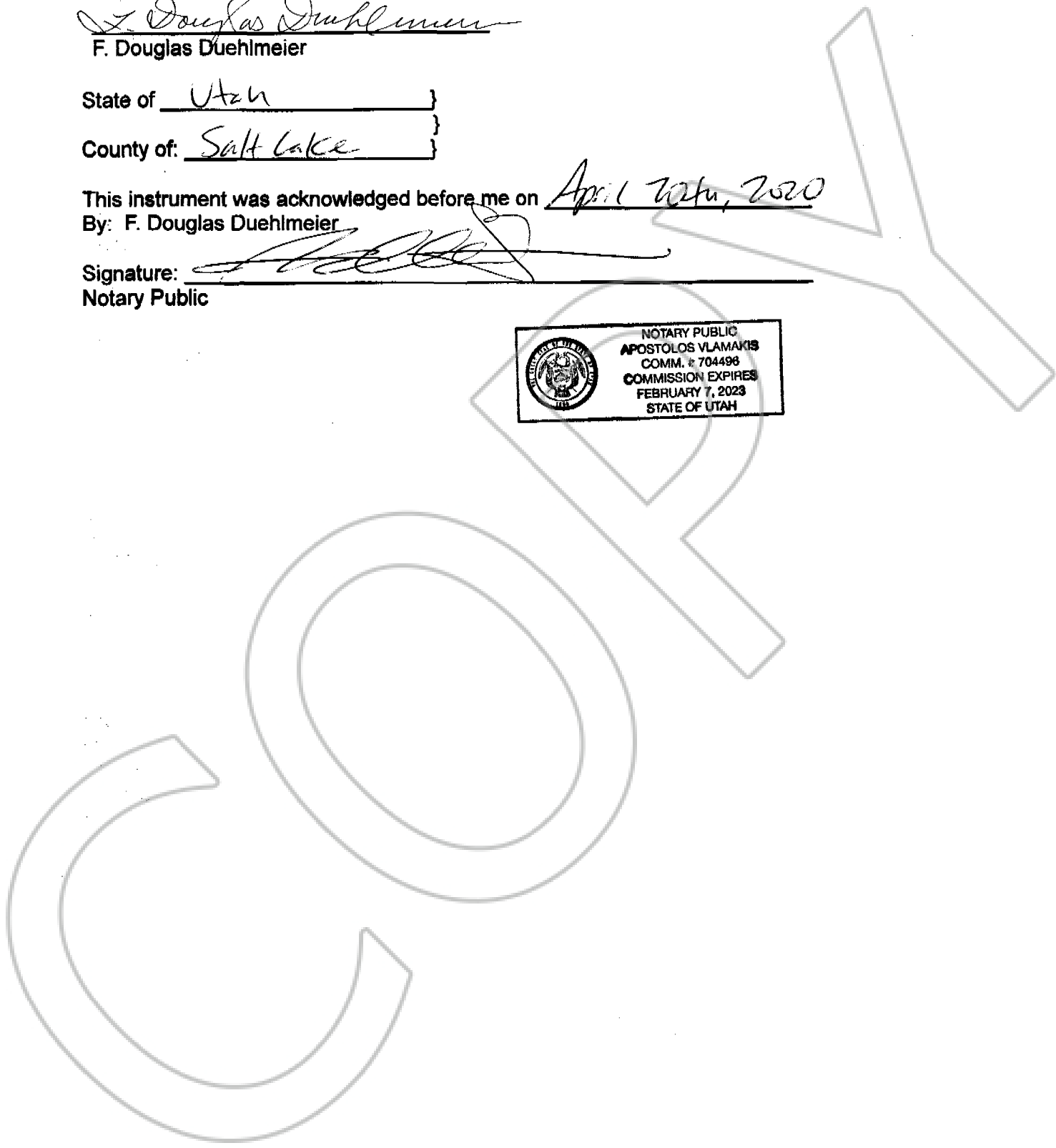
State of Utah

County of: Salt Lake

This instrument was acknowledged before me on April 20th, 2020
By: F. Douglas Duehlmeier

Signature: [Handwritten Signature]
Notary Public

NOTARY PUBLIC
APOSTOLOS VLAMAKIS
COMM. # 704496
COMMISSION EXPIRES
FEBRUARY 7, 2023
STATE OF UTAH



STATE OF UTAH

CERTIFICATION OF VITAL RECORD

DEC 28 1998 16-5241 STATE OF UTAH - DEPARTMENT OF HEALTH 143 98 011295
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
1. NAME OF DECEDENT Fred Henry DUEHLMAYER		2. SEX Male	3a. DATE OF DEATH (Mo, Day, Yr) Dec. 13, 1998
4. DATE OF BIRTH (Mo, Day, Yr) Jan. 13, 1915		5. AGE (Last, Middle, First) 83	6. BIRTHPLACE (City & State or Foreign Country) Recksdorf, Germany
7. UNDER 1 YEAR OF AGE (Under or Hours) Month Day Hours Minutes Recksdorf, Germany		8. SOCIAL SECURITY NUMBER Confidential	
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> 1. Inpatient <input type="checkbox"/> 2. ER/Outpatient <input type="checkbox"/> 3. DOA <input type="checkbox"/> 4. Nursing Home <input checked="" type="checkbox"/> 5. Residence <input type="checkbox"/> 6. Other b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location) 1217 South 900 West		10. SURVIVING SPOUSE (If wife, give maiden name) Elizabeth Hollinger	
11. MARITAL STATUS <input type="checkbox"/> 1. Never Married <input checked="" type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced Boiler Operator		12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Filtrol Corp.	
13a. RESIDENCE - STREET AND NUMBER 1217 South 900 West		13b. CITY, TOWN OR COMMUNITY Salt Lake City	13c. COUNTY Salt Lake
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No 84104		14. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input type="checkbox"/> 1. Mexican <input type="checkbox"/> 2. Cuban <input type="checkbox"/> 3. Puerto Rican <input type="checkbox"/> 4. Other (Specify)	15. RACE - Black, White, Am. Indian (This may be entered), Japanese, etc. (Specify) White
16. EDUCATION (Specify only highest grade completed) Elementary or Secondary (10-12) College (13-18 or 17+) 15		17. FATHER'S NAME (First, Middle, Last) Heinrich Friedrich Wilhelm Duehlmeier	
18. MAIDEN NAME OF MOTHER (First, Middle, Last) Engel Trine Sophie Paul		19. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT Betty H. Duehlmeier, Wife 1217 South 900 West, Salt Lake City, Utah 84104	
20. METHOD OF DISPOSITION <input type="checkbox"/> 1. Entombment <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 3. Other <input checked="" type="checkbox"/> 4. Burial <input type="checkbox"/> 5. Organized <input type="checkbox"/> 6. Removal		21. DATE OF DISPOSITION Dec. 17, 1998	22. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Redwood Memorial
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>William Newton</i>		23a. LICENSE NUMBER 22-101257	24. FUNERAL HOME (Name, address and telephone number) Larkin Mortuary 260 East South Temple Street Salt Lake City, Utah 84111-1274
25. DATE DECEDENT WAS LAST ATTESTED BY CERTIFYING PHYSICIAN 12/24/98		26. If not certified by medical professional, use death reported to M.E.? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
27. CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> 1. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place, and due to the cause(s) and manner as stated. <input type="checkbox"/> 2. MEDICAL EXAMINER / LAW ENFORCEMENT OFFICIAL		28. SIGNATURE AND TITLE OF CERTIFIER <i>Mark Dean</i>	
29. NAME AND ADDRESS OF PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 27) (Specify) Mark Dean M.D. 233 South 9th East, Salt Lake City		29a. LICENSE NUMBER 78-163339	29b. DATE SIGNED (Mo, Day, Yr) 12/14/98
30. REGISTRAR SIGNATURE <i>Barry E. Nangle</i>		30a. DATE REGISTRAR NOTIFIED OF DEATH (Mo, Day, Yr) (Date filed (Mo, Day, Yr)) December 16, 1998	
31. PART IV ENTER THE DISEASE, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY FALLS. LIST ONLY ONE CAUSE ON EACH LINE. Carcinoma of Prostate		32. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT <input type="checkbox"/> 1. probably contributed to the cause of death. <input checked="" type="checkbox"/> 5. NON-USER <input type="checkbox"/> 2. Was the primary cause of death. <input type="checkbox"/> 4. UNKNOWN IF USER <input type="checkbox"/> 3. Did not contribute to the cause of death. <input type="checkbox"/> 6. Is unknown in relation to the cause of death.	
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		34. WERE ALTOGETHER PROBABLE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No	
34. NUMBER OF DEATH: <input checked="" type="checkbox"/> 1. Natural <input type="checkbox"/> 2. Accident <input type="checkbox"/> 3. Suicide <input type="checkbox"/> 4. Homicide <input type="checkbox"/> 5. Undeveloped (Insured) <input type="checkbox"/> 6. Pending Investigation		35a. DATE OF INJURY (Mo, Day, Yr) 6-20-98	
35b. LOCATION (Street or road name, city or town, county and state)		35c. TIME OF INJURY (If hour/minute) 1:00 PM	
35d. INJURY AT WORK? <input type="checkbox"/> 1. Yes <input checked="" type="checkbox"/> 2. No		35e. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) Home	
35f. If under vehicle accident specify if decedent was driver, passenger or pedestrian.		36. DESCRIBE HOW INJURY OCCURRED (Name, sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 31)	

USE PERMANENT BLACK INK

DATE ISSUED
SEP 03 2008

Barry E Nangle
Barry E. Nangle
State Registrar


* 062117212 *

UTAH DEPARTMENT OF HEALTH
Office of Vital Records & Statistics
Salt Lake City, Utah



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE