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OFFICIAL RECORD
AMY ELMER, RECORDER

Death of grantor AFFI Davit
Title of Document

Affirmation Statement

_____ I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does not contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)

DNW I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording **does contain** the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required by law: _____
(State specific law)

David Neil Wright _____
Signature Title Son of Decedent

David Neil Wright
Print

6-17-2020
Date

Grantees address and mail tax statement:
P.O. box 654 Adams NV 89001

DEATH OF GRANTOR AFFIDAVIT

David Neil Wright, being duly sworn, deposes and says that **Angela Mary Kay Wright**, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as **Angela Mary Kay Wright**. **Angela Mary Kay Wright**, named as the grantor or as one of the grantors in the deed upon death recorded on **October 10, 2019**, as document or file number **DOC# 2019-157143** of Lincoln County, Nevada, covering the real property commonly known as **171 Paradise Road**, Town of Alamo, County of Lincoln, State of Nevada, or located in the County of Lincoln, State of Nevada, and more particularly described as:

(Legal Description)

Parcel 004-162-01 – 171 Paradise Rd, Alamo, NV 89001 – Lincoln County Nevada

David Neil Wright is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor **Angela Mary Kay Wright** or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are **Angela Mary Kay Wright**.

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING CONTAINS A SOCIAL SECURITY NUMBER OF A PERSON OR PERSONS

10-17-2020
Date

David Neil Wright
Signature

State of Nevada
County of Lincoln.

Subscribed and sworn to on this **17** day of **June**, in the year **2020**, before me, **Robin E Simmers**, by **David Neil Wright**.

On this **17** day of **June**, in the year **2020**, before me, **Robin E Simmers**, personally appeared **David Neil Wright** personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it.

Robin E Simmers
(Signature of Notary Public)



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4097294

CERTIFICATE OF DEATH

2019016331
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) Angela Mary Kay WRIGHT		2. DATE OF DEATH (Mo/Day/Year) August 09, 2019		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Calliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street number) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Inpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify: No - Non-Hispanic	
7a. AGE-Last birthday (Years) 56		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 15, 1962		9a. STATE OF BIRTH (If not US/CA, name country) Colorado		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 10		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 171 Paradise Road		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Hubert Paul GORDON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Waineta Merle CARLOCK		
18a. INFORMANT- NAME (Type or Print) Lisa WILLIAMSON		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 4224 West 75 North Cedar City, Utah 84720			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada 89001	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY: Southern Nevada Mortuary 730 Front Street Calliente 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) R WILLIAM KATSCHKE 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) August 19, 2019		21c. HOUR OF DEATH 17:09		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) R William Katschke MD P.O. Box 1010 Calliente, NV 89008			
23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) ANGELICA RAMIREZ SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 19, 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).)					
PART I:		(a) Acute Respiratory Failure		Interval between onset and death Hours	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Hours	
		(b) Adult Respiratory Distress Syndrome		Interval between onset and death Hours	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Months	
		(c) Metastatic Adenocarcinoma Of Unknown Site		Interval between onset and death Months	
		DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death Months	
		(d)		Interval between onset and death Months	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Chronic obstructive pulmonary disease				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	

000782829



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: **8/20/2019**

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

Ann Shughart
Administrator
STATE REGISTRAR

