A DNT	Total:\$37.00 DAVID WRIGHT	06/17/2020 02:27 PM
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Death of geomtor AFFi Title of Document	<b>D</b>	/
Affirmation Statement  I, the undersigned hereby affirm that the attached documes submitted for recording does not contain the social security number number, or any "Personal Information" (as defined by NRS 603A.04 239B.030)	nt, including any exhibits, , driver's license or identi	ification card
I, the undersigned hereby affirm that the attached documer submitted for recording does contain the social security number, dri number, or any "Personal Information" (as defined by NRS 603A.04 by law:  (State specific law)	ver's license or identification	tion card
David Peil Wright  Print  Print		
Print  Date  Date		
Grantees address and mail tax statement:		
P.O. Dax 654 Alama NN 89001		

LINCOLN COUNTY, NV

Rec:\$37.00

2020-158641

## **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

Date

2-17-2020

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**.

Signature

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.

(Signature of Notary Public)

ROBIN E. SIMMERS

Notary Public, State of Nevada
Appointment No. 02-78907-11
My Appt. Expires November 6, 2022







## DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

			AND ATTIMUM.	. ,	* * * *	HETHY		
CASE FI	LE NO. 4097294		CERTIFICATE	OF DEATH	SAV A DAVI	2019	016331	-
TYPE OR	1a. DECEASED NAME (FIRST,M	UDOLE LAST SLIEEUX)		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		STATE F	LE NUMBER	HWY59
PRINT IN PERMANENT	Angela M		WRIGH	t de la	2. DATE OF DEATH (M August 09,		COUNTY OF DEA- Lincolr	1.00
BLACK INK	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPITAL			street ar 3e.lf. Hosp. or	Inst. indicate DOA,O	P/Emer. Rm.: 4.	SEX
DECEDENT	Caliente Caliente		Grover C Dils Med		Inpatient(Spe	Inpatient		Female
	5. RACE (Specify) :		ispanic Origin? Specify No - Non-Hispanic	(Years)	75: UNDER 1 YEAR 70: MOS DAYS: H	OURS : MINS 8.	DATE OF BIRTH (I	• •
IF DEATH	9a. STATE OF BIRTH (If not US/C	CA, 9b. CITIZEN OF WI	HAT COUNTRY 10 EDUCAT	ON 11. MARITAL STATU	S (Specify) 12. SURVIV	ING SPOUSE'S NAME (	September: 1: Last name prior to first n	5, 1962 marriage)
INSTITUTION SEE HANDBOOK REGARDING	name country) Colorado  13. SOCIAL SECURITY NUMBER	Officed S	tates 10 PATION (Give Kind of Work	1000	14b. KIND OF BUSIN	IESS OR MOUSTON	11 11 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	3.,
COMPLETION OF			HOMEMAKER	Yawa wan wasan	-	NN HOME	Forces?	JS Armed No
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D 4 D E 1 1 2 2	Nevada 16. FATHER/PARENT - NAME (F	irst Middle Last Suffix	Alamo		Paradise Road  ARENT - NAME (First	Middle Last Siffiy	or No)	Yes
PARENTS	<u> Ηι</u>	ubert Paul GORDO	N ""			Merle CARLO		
	18a INFORMANT- NAME (Type o		18b. MAILING ADD		F.D. No, City or Town, S st 75 North Cedar			N
	19a. BURIAL, CREMATION, REM	OVAL, OTHER (Specify) 1		TORY - NAME		19c, LOCATION C		e e
DISPOSITION	Burial	* ***** Iv	the control of the control of	amo Cemetery			Nevada 89001	
: 25.13e	20a. FUNERAL DIRECTOR - SIGN	BOYER	LICENSE NUN	/IBER ₩₩	E AND ADDRESS OF I	acility: em Nevada Mo	rtuary	\$ 1.00 T
TRADE CALL	TRADE CALL - NAME AND ADDR	IRE AUTHENTICATED	FD8	07		Street Caliente		<u> </u>
TIONDE OALE	21a. To the best of my know	wledge, death occurred at th	ne time, date and place and d	ue 22a, On the l	pasis of examination and/o	r investigation, in my o	pointon death occurre	м -
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DATE ISSUED:



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.

8/20/2019

Administrator STATE REGISTRAR

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



