

APN: 002-233-13
R.P.T.T.: \$ 0

LINCOLN COUNTY, NV 2020-159359
Rec:\$37.00
Total:\$37.00 12/21/2020 03:44 PM
GWENITH B. ROMANS Pgs=3 KE

This Document Prepared By:

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P.O. Box 703
Caliente, NV 89008
(775) 726-3162



OFFICIAL RECORD
AMY ELMER, RECORDER

**After Recording, Return and
Mail Tax Statements To:**

GWENITH B. ROMANS
P.O. Box 913
PANACA, NV 89042

AFFIDAVIT OF DEATH TERMINATING JOINT TENANCY

THIS INDENTURE WITNESSETH THAT,

GWENITH B. ROMANS being first duly sworn, deposes and say that affiant is over the age of 18 years and competent to be a witness as to the matters hereinafter stated.

That Affiant is GWENITH B. ROMANS, one of the grantees in that certain deed recorded on March 23, 1999, as Document No. 112493 in Book 140 Page 510, in the office of the County Recorder of Lincoln County, Nevada.

That ROBERT A. ROMANS Jr. was one of the grantees named in said deed and was the identical person named as ROBERT ALLEN ROMANS, the decedent, in that certain Death Certificate, a certified copy of which is attached hereto and made a part hereof.

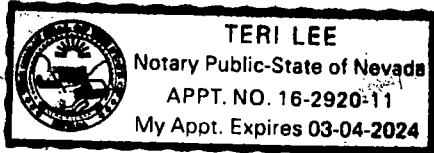
Dated this 21 day of December 2020.


GWENITH B. ROMANS

State of Nevada

County of Lincoln

This instrument was acknowledged before me on this 21st day of December 2020, by
GWENITH B. ROMANS.



Teri Lee
(Signature of notarial officer)

The undersigned hereby affirm that this document submitted for recording does not contain a social security number.

Gwenith B. Romans
GWENITH B. ROMANS

COOPER

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2020017467
STATE FILE NUMBER

CASE FILE NO. 4160795

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Robert Allen ROMANS JR. | | 2. DATE OF DEATH (Mo/Day/Year) August 09, 2020 | | 3a. COUNTY OF DEATH Lincoln | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Panaca | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street number) 1333 Emst Street | | 3e. Hosp. or Inst. Indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home | |
| 5. RACE (Specify) White | | 8. Hispanic Origin? Specify: No - Non-Hispanic | | 7a. AGE-Last birthday (Years) 87 | |
| 9a. STATE OF BIRTH (If not US/CA name country) Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | | 7b. UNDER 1 YEAR MOS DAYS 87 | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) | | 7c. UNDER 1 DAY HOURS MINS 19:45 | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 8. DATE OF BIRTH (Mo/Day/Yr) August 14, 1932 | |
| 15c. CITY, TOWN OR LOCATION Panaca | | 15d. STREET AND NUMBER 1333 Emst Street | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Gwenith BRINKERHOFF | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert Allen ROMANS SR | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Kathleen L. PHILLIPS | | |
| 18a. INFORMANT - NAME (Type or Print) Gwenith ROMANS | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 913 Panaca, Nevada 89042 | | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | 19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery | | 19c. LOCATION City or Town State Panaca Nevada 89042 | |
| 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 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) TYLER J FREE 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) TYLER J FREE SIGNATURE AUTHENTICATED | | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 11, 2020 | | 21c. HOUR OF DEATH 19:45 | | 22b. DATE SIGNED (Mo/Day/Yr) August 09, 2020 | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22c. HOUR OF DEATH 19:45 | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) August 09, 2020 | |
| 22e. PRONOUNCED DEAD AT (Hour) | | 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Tyler J Free 225 Justice Way Pioche, NV 89043 | | | |
| 23b. LICENSE NUMBER | | 24a. REGISTRAR (Signature) WESLEY T STOREY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 2020 | |
| 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) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Systolic Heart Failure DUE TO, OR AS A CONSEQUENCE OF (c) Hypertension DUE TO, OR AS A CONSEQUENCE OF (d) | | | |
| 26. AUTOPSY (Specify Yes or No) No | | 27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes | | | |
| 28a. ACC. SUICIDE, HGM, 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 | | | |

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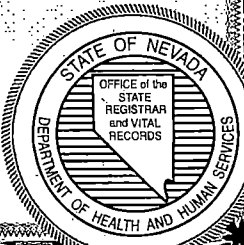
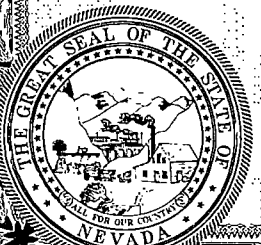
CERTIFIED COPY OF VITAL RECORDS

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.

DATE ISSUED: **8/26/2020**

Wesley T Storey
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