

LINCOLN COUNTY, NV

2021-159522

Rec:\$37.00

01/26/2021 01:38 PM

Total:\$37.00

COW COUNTY TITLE

Pgs=4 KE

A.P.N. No.:	004-114-02
Escrow No.:	82775
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
Elaine Shumway	
P O Box 175	
Alamo, NV 89001	



00006087202101595220040041

OFFICIAL RECORD
AMY ELMER, RECORDER

(for recorders use only)

AFFIDAVIT DEATH OF JOINT TENANT

(Title of Document)

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: 40.525

(State specific law)

Elaine Shumway

 Signature

ELAINE SHUMWAY

 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. 004-114-02
R.P.T.T. \$0.00
Escrow No. 82775
Recording Requested By:
Cow County Title Co

Mail Tax Statements To:
Same as below
When Recorded Mail To:
ELAINE SHUMWAY
P O Box 175
Alamo, NV 89001

AFFIDAVIT DEATH OF JOINT TENANT

ELAINE SHUMWAY, of legal age, being first duly sworn, deposes and says: That NOLAN F. SHUMWAY, 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 Joint Tenancy Deed dated April 6, 1969, executed by C. EARL WADSWORTH and THERESA WADSWORTH, husband and wife, to NOLAN F. SHUMWAY and ELAINE SHUMWAY, husband and wife as joint tenants, recorded July 31, 1969 in Book N-1 of Real Estate Deeds, page 429 as File No. 47992, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

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

Commencing at the Northwest corner of this property owned by Press Lamb as of July 23, 1955, said starting point being the Northeast corner of the property herein being conveyed and running thence South 327 feet to the Southeast corner, thence running West 400 feet to a cement irrigation ditch, thence running Northerly along said cement irrigation ditch 327 feet to the Northwest corner, thence East 314 feet to the point of beginning, and being situate in the NE1/4 of the NW1/4 of the NW1/4 of Sec. 8, T7S, R61E., MDB&M., together with any and all improvements and buildings situate thereon and specifically including any and all water and water rights owned by Grantor as of the date of this conveyance.

Dated: December 28, 2020

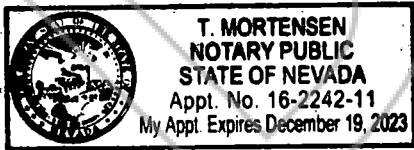
Elaine Shumway
ELAINE SHUMWAY

State of Nevada }

County of: Lincoln }

This instrument was acknowledged before me on January 16, 2021
By: ELAINE SHUMWAY

Signature: [Signature]
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2011001332
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) Nolan Franklin SHUMWAY		2. DATE OF DEATH (Mo/Day/Year) January 23, 2011		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION-Name (if not either, give street and number) 348 Pahrnagat Street		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 76		7b. UNDER 1 YEAR MOS. DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) September 20, 1934		9a. STATE OF BIRTH (If not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Elaine S. SORENSEN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher / Grocer		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 348 Pahrnagat Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Vern SHUMWAY	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Enola FERGUSON		18a. INFORMANT: NAME (Type or Print) Elaine S SHUMWAY		18b. MAILING ADDRESS (Street or R.F.D.; No, City or Town; State, Zip) PO Box 175 Alamo, Nevada 89001	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Hiko Cemetery		19c. LOCATION City or Town State Hiko Nevada	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER <i>SIGNATURE AUTHENTICATED</i>		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature & Title) RICHARD KATSCHKE M.D. <i>SIGNATURE AUTHENTICATED</i>		21b. DATE SIGNED (Mo/Day/Yr) January 25, 2011		21c. HOUR OF DEATH 13:40	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
22c. LICENSE NUMBER 10509		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) Richard Katschke M.D. P.O. Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) JENELLE ENGLISH <i>SIGNATURE AUTHENTICATED</i>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 02, 2011		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) Multorgan Failure Interval between onset and death: Weeks (b) End-Stage Renal Disease Interval between onset and death: Years (c) [REDACTED] Interval between onset and death: [REDACTED] (d) [REDACTED] Interval between onset and death: [REDACTED]	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I		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	

STATE REGISTRAR

3577050

371330

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: 02/03/2011

R. D. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

VRS-Rev 20110104

