

LINCOLN COUNTY, NV

2021-160686

\$37.00

Rec:\$37.00

06/21/2021 08:16 AM

TITLE DEEDS & NEEDS, LLC

Pgs=3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

APN NO.: 001-341-30

RECORDING REQUESTED BY:

TITLE DEEDS & NEEDS

WHEN RECORDED MAIL TO:

MARY M. NEWTON

P.O. BOX 413

PIOCHE, NV 89043

MAIL TAX STATEMENTS TO:

SAME AS ABOVE

File No. 21-215

AFFIDAVIT - DEATH OF DOMESTIC PARTNER, AS COMMUNITY PROPERTY WITH RIGHTS OF SURVIVORSHIP

MARY M. NEWTON, of legal age, being duly sworn, deposes and says:

That CHARLES E. DUNHAM, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as CHARLES E. DUNHAM named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 25, 2015, executed by Robert Daskas to Charles E. Dunham, an unmarried man and Mary M. Newton, an unmarried woman, domestic partners, as community property with rights of survivorship, recorded on October 16, 2015 as Instrument No. 0148431, of Official Records of Lincoln County, Nevada, covering the following described property.

LEGAL DESCRIPTION AS PER EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Commonly known as: 224 Ponderosa Pines Street, Pioche, NV 89043

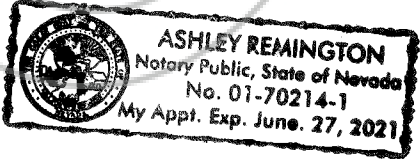
Mary M. Newton
Mary M. Newton, Surviving Domestic Partner
Mary M. Newton

STATE OF NEVADA
COUNTY OF LINCOLN

} SS:

This instrument was acknowledged before me on June 17, 2021

By: Mary M. Newton



Ashley Remington
Notary Public

My commission expires: 6/27/2021

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CERTIFICATE OF DEATH

2018012321
STATE FILE NUMBER

CASE FILE NO. 4025476

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) Charles Edward DUNHAM		2. DATE OF DEATH (Mo/Day/Year) June 19, 2018		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and Nathan Adelson Hospice		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. inpatient(Specify) Hospice Facility (HFS)	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify Yes - Puerto Rican	
7a. AGE-Last birthday (Years) 63		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY	
8. DATE OF BIRTH (Mo/Day/Yr) October 15, 1954		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Divorced		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 Taper		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER P.O Box 413		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Wilbert Carter DUNHAM			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Hilda Esther TORRES		
18a. INFORMANT- NAME (Type or Print) Mary NEWTON			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P. O Box 413 Pioche, Nevada 89043		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Desert Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) KRISTEN E ANDERSON SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD860		20c. NAME AND ADDRESS OF FACILITY Desert Memorial Cremation and Burial 1111 Las Vegas Blvd N Las Vegas NV 89101	
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) KARLEEN CAROL ADAMS DO 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) June 27, 2018		21c. HOUR OF DEATH 20:01		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Karleen Carol Adams DO 4141 Swenson St Las Vegas, NV 89119			
23b. LICENSE NUMBER DO2063		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 27, 2018		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				interval between onset and death	
(a) Hepatocellular Carcinoma					
DUE TO, OR AS A CONSEQUENCE OF:				interval between onset and death	
(b) Possible Hepatitis C					
DUE TO, OR AS A CONSEQUENCE OF:				interval between onset and death	
(c)					
DUE TO, OR AS A CONSEQUENCE OF:				interval between onset and death	
(d)					
PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
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	

LOCAL REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JUL 24 2018**

Registrar of Vital Statistics
By: *Pamela Thomas*

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHRN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573



EXHIBIT "A"

That parcel situated in the Northeast Quarter NE ¼) of Section 15, Township 1 North, Range 67 East, M.D.B.&M., more particularly described as follows:

Parcel 33 as shown on Parcel Map for James Vincent recorded March 8, 1999 in the Office of the County Recorder of Lincoln County, Nevada, in Book B of Plats, Page 194 as File No. 112430, together with that Certificate of Amendment recorded March 17, 1999 in Book B of Plats, Page 201 A/B as File No. 112467, Lincoln County, Nevada records.

APN: 001-341-30

