



OFFICIAL RECORD
AMY ELMER, RECORDER

RECORDING REQUESTED BY:
JoAnn Regan, NVDP20177191179
FSG of Nevada, LLC 9550 S. Eastern Ave, Ste 253
Las Vegas, NV 89029

AND WHEN RECORDED MAIL TO:

PAUL A. PARROTT
3861 S. Rodeo Avenue
Pahrump, NV 89048

APN: 013-042-31

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT OF DEATH
Termination of Joint Tenancy

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

PAUL A. PARROTT the Affiant, of legal age, being first duly sworn, deposes and says:

1. KATHERINE D. PARROTT is the decedent mentioned in the attached certified copy of Certificate of Death, who died on August 3rd 2020, at Las Vegas NV (insert place of death).
2. I am the surviving spouse of the Decedent.
3. Decedent and I are the same persons who are named as grantees in that certain deed dated December 9, 1998, executed by PAUL A. PARROTT and KATHERINE D. PARROTT in favor of the grantees as **joint tenants**, recorded on January 5, 1999, as Instrument No. 112123, Official Records of ^{Lincoln} ~~Nye~~ County, Nevada, describing the following real property:

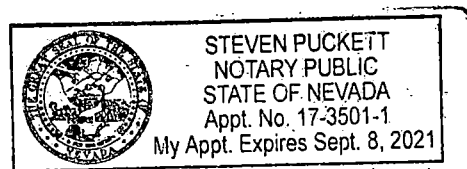
PARCEL NO. 45A AS SHOWN ON PARCEL MAP FOR KENNETH M. PRICE AND JANE PRICE, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON DECEMBER 5, 1995, IN BOOK A OF PLATS AT PAGE 461, AS FILE NO. 104326.

EXCEPTING THEREFROM ALL OIL, GAS, SODIUM AND POTASSIUM IN THE LANDS SO PATENTED, AS RESERVED BY THE UNITED STATES OF AMERICA IN DEED RECORDED SEPTEMBER 3, 1968, IN BOOK N-1, PAGE 330, DEED RECORDS, LINCOLN COUNTY, NEVADA.
AP# 013-042-31

Dated: 7-27-21

Paul A. Parrott
Printed Name of Affiant

Subscribed and sworn to (or affirmed) before me on this 27th day of July, 2021, by Paul A. Parrott Paul A. Parrott proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Signature [Handwritten Signature]

(This area for notary stamp)

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4159471

2020016601
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) Katherine Delia PARROTT | | 2. DATE OF DEATH (Mo/Day/Year) August 03, 2020 | | 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 Spring Valley Hospital-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 Yes - SPANISH | |
| 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) July 12, 1944 | | 9a. STATE OF BIRTH (If not US/CA name country) Nevada | | 9b. CITIZEN OF WHAT COUNTRY United States | |
| 10. EDUCATION 12 | | 11. MARITAL STATUS (Specify) Married | | 12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Paul PARROTT | |
| 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 Nye | | 15c. CITY, TOWN OR LOCATION Pahrump | |
| 15d. STREET AND NUMBER 3861 South Rodeo Avenue | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | Ever in US Armed Forces? No | |
| 16. FATHER/PARENT - NAME (First Middle Last Suffix) Rolando ESPINOZA | | | 17. MOTHER/PARENT - NAME (First Middle Last Suffix) Dolores MARTINEZ | | |
| 18a. INFORMANT - NAME (Type or Print) Paul PARROTT | | | 18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 3861 South Rodeo Avenue Pahrump, Nevada 89048 | | |
| 19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation | | 19b. CEMETERY OR CREMATORY - NAME Palm Crematory | | 19c. LOCATION City or Town State Las Vegas Nevada 89101 | |
| 20a. FUNERAL DIRECTOR'S SIGNATURE (Of Person Acting as Such) DAREN DREILING SIGNATURE AUTHENTICATED | | 20b. FUNERAL DIRECTOR LICENSE NUMBER FD913 | | 20c. NAME AND ADDRESS OF FACILITY Neptune Society 8570 Del Webb Blvd Las Vegas NV 89134 | |
| 21a. To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature & Title) SIGNATURE AUTHENTICATED ABDUL SAMI F SIDDIQUI MD | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) August 06, 2020 | | 21c. HOUR OF DEATH 15:51 | | 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) | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22b. DATE SIGNED (Mo/Day/Yr) | | 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) Abdul Sami F Siddiqui MD 2842 E Lake Mead Blvd Las Vegas, NV 89030 | | | | 23b. LICENSE NUMBER 8548 | |
| 24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 07, 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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonia DUE TO, OR AS A CONSEQUENCE OF (c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF (d) | | | | Interval between onset and death | |
| 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) 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. | | 28h. CITY OR TOWN | | 28i. 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: **AUG 17 2020**

Registrar of Vital Statistics

By: *[Signature]*

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

