

<b>A.P.N. No.:</b>	013-170-15
<b>Escrow No.:</b>	84752
<b>Recording Requested By:</b>	
Cow County Title Co.	
<b>When Recorded Mail To:</b>	
RUTH A. WHITESIDE	
P O BOX 994	
CALIENTE, NV 89008	
.	

LINCOLN COUNTY, NV      **2021-161179**  
 Rec:\$37.00  
 Total:\$37.00      **09/28/2021 03:49 PM**  
 COW COUNTY TITLE CO      Pgs=4 KC



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)

*Don-Rita Rice*  
 Signature

Escrow Agent  
 Title

Don-Rita Rice  
 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.

**A.P.N.** 013-170-15  
**R.P.T.T.** \$0.00  
**Escrow No.** 84752  
**Recording Requested By:**  
Cow County Title Co.  
**Mail Tax Statements To:**  
Same as below  
**When Recorded Mail To:**  
RUTH A. WHITESIDE  
P O BOX 994  
Caliente, NV 89008

### AFFIDAVIT DEATH OF JOINT TENANT

Ruth A. Whiteside, of legal age, being first duly sworn, deposes and says: That Lyle Whiteside, 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 Grant, Bargain, Sale Deed dated November 8, 2004, executed by Pauline Coffey to Lyle J. Whiteside and Ruth A. Whiteside, as joint tenants, recorded January 25, 2006 in Book 211, page 244 as File No. 125827, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

The land referred to herein is described as follows:

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

The Northwest Quarter (NW1/4) of the Southeast Quarter (SE1/4) of the Northeast Quarter (NE1/4) of Section 14, Township 3 South, Range 67 East, M.D.B.&M.

EXCEPTING THEREFROM the Easterly 25 feet for road and power easement.

ASSESSOR'S PARCEL NUMBER FOR 2021 - 2022: 013-170-15

Dated: September 17, 2021


Ruth Whiteside  
RUTH A. WHITESIDE

State of Nevada

County of Lincoln

This instrument was acknowledged before me on September 24, 2021  
By: Ruth A. Whiteside

Signature: Don-Rita Rice  
Notary Public

 DON-RITA RICE  
NOTARY PUBLIC  
STATE OF NEVADA  
COUNTY OF LINCOLN  
No. 16-2505-11 MY APPT. EXPIRES MAY 7, 2024



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 3970930

**CERTIFICATE OF DEATH**

2017014966

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) <b>Lyle WHITESIDE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 04, 2017</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street address) <b>SR 317 #18</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emerg. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Male</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>83</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>March 28, 1934</b>		9a. STATE OF BIRTH (if not US/CA, name, country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>10</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Ruth Ann WING</b>	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
		<b>Rancher</b>		<b>Agriculture</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
15d. STREET AND NUMBER <b>SR 317 #18</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>Yes</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Joseph Vane WHITESIDE</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Elsie CLARK</b>		
18a. INFORMANT: NAME (Type or Print) <b>Ruth Ann WHITESIDE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 994 Caliente, Nevada 89008</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as such) <b>TODD BOYER</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente NV 89008</b>	
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) <b>MINESH AMIN DO</b>			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) <b>August 10, 2017</b>		21c. HOUR OF DEATH <b>05:00</b>		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour)		23b. LICENSE NUMBER <b>DO1591</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Minesh Amin DO 6655 W.Sahara Ave Las Vegas, NV 89146</b>				24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 11, 2017</b>		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) <b>Chronic obstructive pulmonary disease</b>					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) DUE TO, OR AS A CONSEQUENCE OF:					
(c) DUE TO, OR AS A CONSEQUENCE OF:					
(d) DUE TO, OR AS A CONSEQUENCE OF:					
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) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>		28a. ACC., SUICIDE, HCM., 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

000685441



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: 8/11/2017

*[Signature]*  
SIGNATURE AUTHENTICATED

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

