

APN: 002-103-16

Recording Requested By
TITLE DEEDS & NEEDS, LLC
P.O. Box 180
Pioche, NV 89043

LINCOLN COUNTY, NV

2021-161673

\$37.00

Rec:\$37.00

11/22/2021 01:11 PM

TITLE DEEDS & NEEDS, LLC

Pgs=5 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

Affidavit – Death of Joint Tenant

(Title of Document)

Please complete the cover page, check one of the following and sign below.

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

OR

I the undersigned hereby affirm that this document submitted for recording contains a social security number of a person as required by law: NRS.40.525

Death Certificate attached contains a Social Security Number.


Ashley Remington

Agent

This page is added to provide additional information required by NRS 111.312 Sections 1-2.

(Additional recording fees applies)
This cover page must be typed or printed.

APN NO.: 002-103-16

RECORDING REQUESTED BY:
TITLE DEEDS & NEEDS
WHEN RECORDED MAIL TO:
CINDY LEE KRAMER JACQUES
435 NORTH MILAN STREET
HENDERSON, NV 89015

MAIL TAX STATEMENTS TO:
SAME AS ABOVE

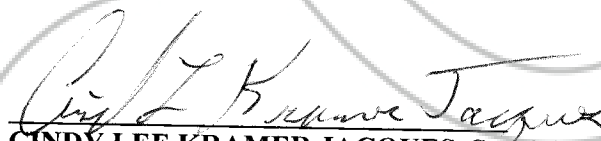
File No. 21-424

AFFIDAVIT – DEATH OF JOINT TENANT

CINDY LEE KRAMER JACQUES, of legal age, being duly sworn, deposes and says:

That ELAINE R. KRAMER, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as ELAINE R. KRAMER, named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 14, 2002, executed by Lloyd G. Tobin, a single man to ELAINE R. KRAMER, a single woman and CINDY LEE KRAMER JACQUES, as her sole and separate property held in Joint Tenancy, recorded on August 16, 2002, as Instrument No. 2002-118669 of Official Records of Lincoln County, Nevada, covering the following described property.

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF.


CINDY LEE KRAMER JACQUES, Surviving Joint Tenant

CINDY LEE KRAMER JACQUES, Surviving Joint Tenant

SEE NOTARY ACKNOWLEDGEMENT ATTACHED HERETO AND MADE A PART HEREOF.

**NOTARY ACKNOWLEDGMENT
ATTACHED TO: AFFIDAVIT – DEATH OF JOINT TENANT**

STATE OF NEVADA) SS

COUNTY OF LINCOLN)

A notary public or other officer completing this Certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy or validity of that document

On November 20, 2021, before me,

ASHLEY REMINGTON, a Notary Public in and for said State, personally appeared:

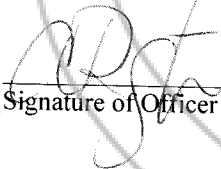
CINDY LEE KRAMER JACQUES

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal:

Signature:


Signature of Officer



(NOTARY SEAL)

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. 4238432

2021023997
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Elaine Ruth KRAMER		2. DATE OF DEATH (Mo/Day/Year) September 23, 2021		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 or number) Nathan Adelson Hospice		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Hospice Facility (HFS)	
DECEDENT	4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE-Last birthday (Years) 96		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) November 19, 1924		9a. STATE OF BIRTH (If not US/CA, name country) Wisconsin		9b. CITIZEN OF WHAT COUNTRY United States	
	10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) OFFICE CLERK		14b. KIND OF BUSINESS OR INDUSTRY County Government	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
Cremation	15d. STREET AND NUMBER 1314 Wadsworth Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Irving ZARN	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) UNKNOWN		18a. INFORMANT- NAME (Type or Print) Cindy L JACQUES		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 435 N. Milan Henderson, Nevada 89015	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Vegas Valley Cremation		19c. LOCATION City or Town State North Las Vegas Nevada 89081	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTOPHER J McDERMOTT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR OF LICENSE NUMBER FD605		20c. NAME AND ADDRESS OF FACILITY Vegas Valley Cremation 6392 McLeod Drive #3 Las Vegas NV 89120	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) MELISSA S MCLAIN APRN SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021		21c. HOUR OF DEATH 21:02	
	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)	
REGISTRAR	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) Melissa S McLain APRN 4141 University Center Dr Las Vegas, NV 89119		23b. LICENSE NUMBER APRN811868		24a. REGISTRAR (Signature) SUSAN ZANNIS SIGNATURE AUTHENTICATED	
CAUSE OF DEATH	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) September 30, 2021		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Acute Hypoxic Respiratory Distress	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Covid-19		26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
28g. INJURY AT WORK (Specify Yes or No)		28h. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		

"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: 10/7/2021

SIGNATURE AUTHENTICATED
Registrar of Vital Statistics

By: *Susan Zannis*

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

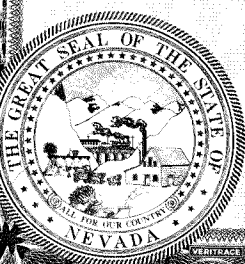


EXHIBIT "A"

Lot Twenty-Three (23) in SUN GOLD MANOR – UNIT NO. 1 in the town of Panaca, County of Lincoln, State of Nevada, as shown by map thereof on File, as Document No. 55612 in Book 12, Page 379 of Official Records of Lincoln County, State of Nevada.

