APN<u>01013204</u> APN<u>01013213</u> APN LINCOLN COUNTY, NV Rec:\$37.00 Total:\$37.00 JAMES N. CROWLEY 2021-161751 12/06/2021 01:40 PM

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OFFICIAL RECORD
AMYELMER, RECORDER

"Affidavit of Survivorship"

Title of Document

Affirmation Statement
I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number, driver's license or identification card
number, or any "Personal Information" (as defined by NRS 603A.040) of any person or persons. (Per NRS 239B.030)
I, the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number, driver's license or identification card number, or any "Personal Information" (as defined by NRS 603A.040) of a person or persons as required
by law:(State specific law)
Amia M. Conkley Proporty Own (GRANTEE) Signature Title

Grantees address and mail tax statement:

214 Tuscany Valley Drive Lafayette, LA 70506-7715

Affidavit of Survivorship

State of Nevada

County of Lincoln

I James N Crowley, residing at 214 Tuscany Vly. Drive, Lafayette, Louisiana 70506, being of legal age, depose and say that:

1. On June 11, 1970, by Grant, Bargain, Sale Deed recorded in Book/Volume 01 Real Estate, Page 81, of the Lincoln County records as document number 49495 & 49496 ('the Deed'), the Affiant and Deanna Marlene Crowley become owners of the following legally described property:

Parcel #010-132-04 District 5 Roll #1199 & Parcel #010-132-13 District 5 Roll #1200 Rachel, NV.

- 2. Affiant and Deanna Marlene Crowley own the property in joint tenancy with right of survivorship.
- 3. On July 02, 1981, Deanna Marlene Crowley, died, thereby terminating Deanna Marlene Crowleys interest in the above-described real property. A certified copy of the death certificate of Deanna Marlene Crowley is attached hereto as Exhibit A.

Oath or Affirmation

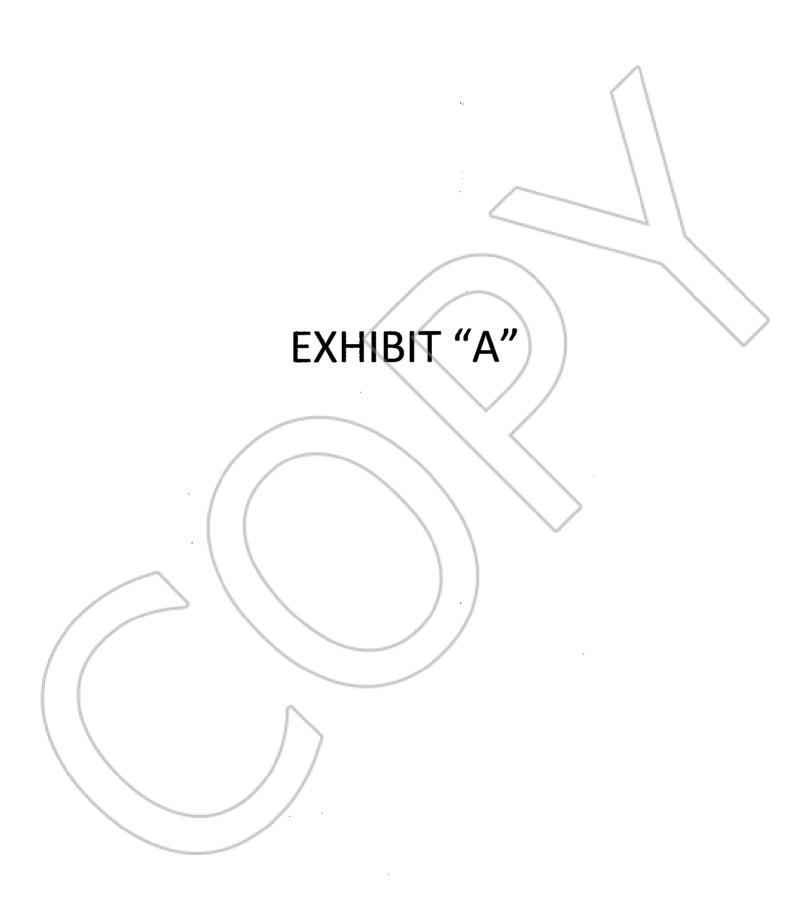
I certify under penalty of perjury under Nevada law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Date

10-12-21

This is a RocketLawyer.com document.

STATE OF NEVADA, COUNTY OF LINCOLN, ss:	
This Affidavit was acknowledged before me on this day of by James N Crowley, who, being first duly sworn on oath according to law, of says that he/she has read the foregoing Affidavit subscribed by him/her, and that the herein are true to the best of his/her information, knowledge and belief.	leposes and natters stated
	WIIIIIIIIII
Notary Public No	PATTER VIIII
Notary	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Title (and Rank)	ONED 62
My commission expires A Classical My commission expires	





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	E OF LOUISIANA STATE	119 01 19 937
Typewriter BIRTH WILL CERTIFIC	CATE OF DEATH NO.	2A. MONTH DAY YEAR 25 HOUR
A. LAST NAME OF DECEASED 18. FIRST NAME	1c. SECOND NAME	DATE OF July 2, 1981 1: β0 M
CROWLE Y DEANNA	MARLENE	DEATH:
3. SEX-MALE OR FEMALE 4. COLOR OR RACE	5. Married Wilever Married	
FEMALE WHITE	Widowed Divorced Divorced Dan BIRTHPLACE (GITY AND STA	James N. Crowley
7. DATE OF BIRTH OF DECEASED 8. AGE OF DECEASED UND	TIRE NIN A LANGE OF THE PARTY	11 0 12
August 6: 1944 36 10 26	Guthirle, Oktanom	11. SOCIAL SECURITY NUMBER
JOA. USUAL OCCUPATION (GIVE KIND OF WORK BONE BURING HOST OF WORKING LIFE, EVEN IF RETIRED)	HOME	
HOUSEWIFE	HUPIL	128. PARISH OF DEATH
124. CITY, TOWN, OR LOCATION OF DEATH		ST. TAMMANY
SLIDELL SALE SET THE SET OF THE HOSPITAL OR INSTITUTION (IF NOT IN HOSPI	TAL OR INSTITUTION GIVE STREET ADDRESS O	OR LOCATION) 12D. IS PLACE OF DEATH INSIDE
SLIDELL MEMORIAL HOSPITAL		Yes No No
	136. PARISH	13c. STATE
SLIDELL	ST TAMMANY	LOUISIANA
130. STREET ADDRESS—(IF RURAL GIVE LOCATION)		124. IS RESIDENCE INSIDE
677 DALE DRIVE		Yes No MIDDLE
TA CATHER'S LAST '// FIRST	MIDDLE 19. MOTHER'S LAST	rinar /;
NAME Butler, Vernon Colen (Prue, Okla.) MAME McCri	ackin, Georgia Elizabeth
L costifu that the above stated 18A, SIGNATURE O		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
information is true and correct to the best of my knowledge.	the Slidell	July 3, 1981
PART I. DEATH WAS CAUSED BY	ENTER ONLY ONE CAUSE PER LINE FOR	(A1. ID1, AND IC) BETWEEN ONSET AND DEATH
		(A). (D), AND (C) BETWEEN ONSET AND DEATH
17. DEATH WAS CAUSED BY IJMEDIATE CAUSE (a) SEPSIS B	ENTER ONLY ONE CAUSE PER LINE FOR	(A). (D), AND (C) SETWEEN OWSET AND DEATH
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MOV 085 2021





I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.





IMPORTANT: Black Ink o Ribbon Mandatory by Stat		CERTIF	CATE OF E	DEATH NO.	119		
This bit manuactify by the	1A. LAST NAME OF DECEASED	18. FIRST NAME DEANNA	MARLENE	SECOND NAME	DATE OF JUTY 2	1981 1: A	30 M
PERSONAL DATA OF DECEASED	3. SEX-MALE OR FEMALE FEMALE	4. COLOR OR RACE WHITE	Widowed		James N. Cro	owley	
(Type or print names. Do not use numerals for month of death.)	7. DATE OF BIRTH OF DECEASED AUGUST 6, 1944	36 10 26	Guthr	ie, Oklahoma	a U.S	A.	
	HOUSEWIFE	EN IF RETIRED)	HOME		125 040	SH OF DEATH	
PLACE OF	SLIDELL 12c. NAME OF HOSPITAL OR INS			C CYNCET ADDRESS OF	ST. T	YNAMMA	
DEATH	SLIDELL MEMORIAL				CITY END	Yes V	
USUAL RESIDENCE OF DECEASED (Where deceased lived. If institu- tion: Residence before admission.)	SLIDELL			T. TAMMANY	1 1	ISIANA	
	677 DALE DRIVE			4	CITY LIMIT	rs7 Yes [X] No []	DDLE
PARENTS	Butler, \	/ernon Colen (01-7-	MOTHER'S LAST MAIDEN MCCra	ckin, Georgi	1.	
INFORMANT'S CERTIFICATION	I certify that the above st information is true and co to the best of my knowled	rrect 1	Pray las 677	Dale Dr.,	76	/ 3, 1981	
CAUSE OF DEATH	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last (c) Conditions, if any, DUE TO D	ESSIS - B. D. OR AS A CONSEQUENCE OF AS A CONS	ACTECIAL OF: - BACTER OF:	VAC		SY 100 IF YES. WERE FINDINGS CONSIDER	>
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PHYSICIAN'S CERTIFICATION	Prom at nectopsy	stated above.	My Sur	ell ran	ulgint) 2	OF SIGNATURE	OP -
FUNERAL DIRECTOR'S CERTIFICATION	Cremation ☐ 7/7/81		emetery Okla		aker Funeral Hom	of FUNERAL DIRECTOR ALPHANIA PRE-OF LOCAL REGISTION	a 76
BURIAL TRANSIT PERMIT.	528 /32	St. Jam	many (ely 3, 198	1 agni	s) L. Park	<u>ber</u>
PHS 16 (R 3/77) [DHHR, Health Services and	Environmental Qualit	y, Vigal Records				

JUL 6 1981

IN ACCORDANCE WITH LSA-R.S. 40:50(C), I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.

agnes L. Parker