

APN 01013204

APN 01013213

APN _____



OFFICIAL RECORD
AMY ELMER, 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)

James N. Crowley Property Owner (GRANTEE)
Signature Title

JAMES N. CROWLEY
Print

11-05-2021
Date

Date

Grantees address and mail tax statement:

214 Tuscan Valley Drive
Lafayette, LA 70506-1715

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:

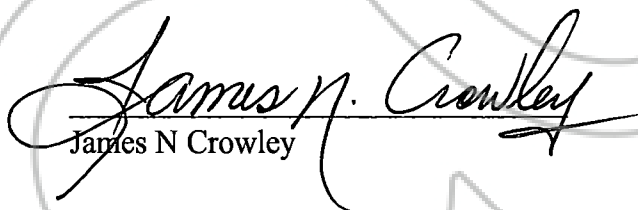
1. On June 11, 1970, by Grant, Bargain, Sale Deed recorded in Book/Volume 01 Real Estate, Page 81, of the Lincoln County records as document number 49495 & 49496 ('the Deed'), the Affiant and Deanna Marlene Crowley become owners of the following legally described property:

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

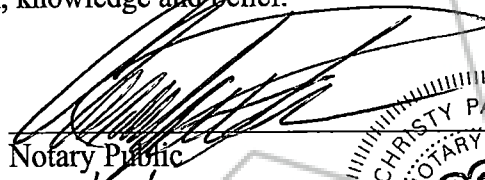
I certify under penalty of perjury under Nevada law that I know the contents of this affidavit signed by me and that the statements are true and correct.


James N Crowley

10-12-21
Date

STATE OF NEVADA, COUNTY OF LINCOLN, ss:

This Affidavit was acknowledged before me on this 12 day of Oct, 2021
_____ by James N Crowley, who, being first duly sworn on oath according to law, deposes and
says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated
herein are true to the best of his/her information, knowledge and belief.



Notary Public

Notary
Title (and Rank)

My commission expires at death

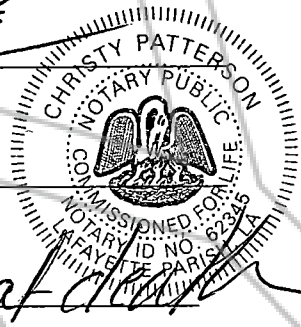
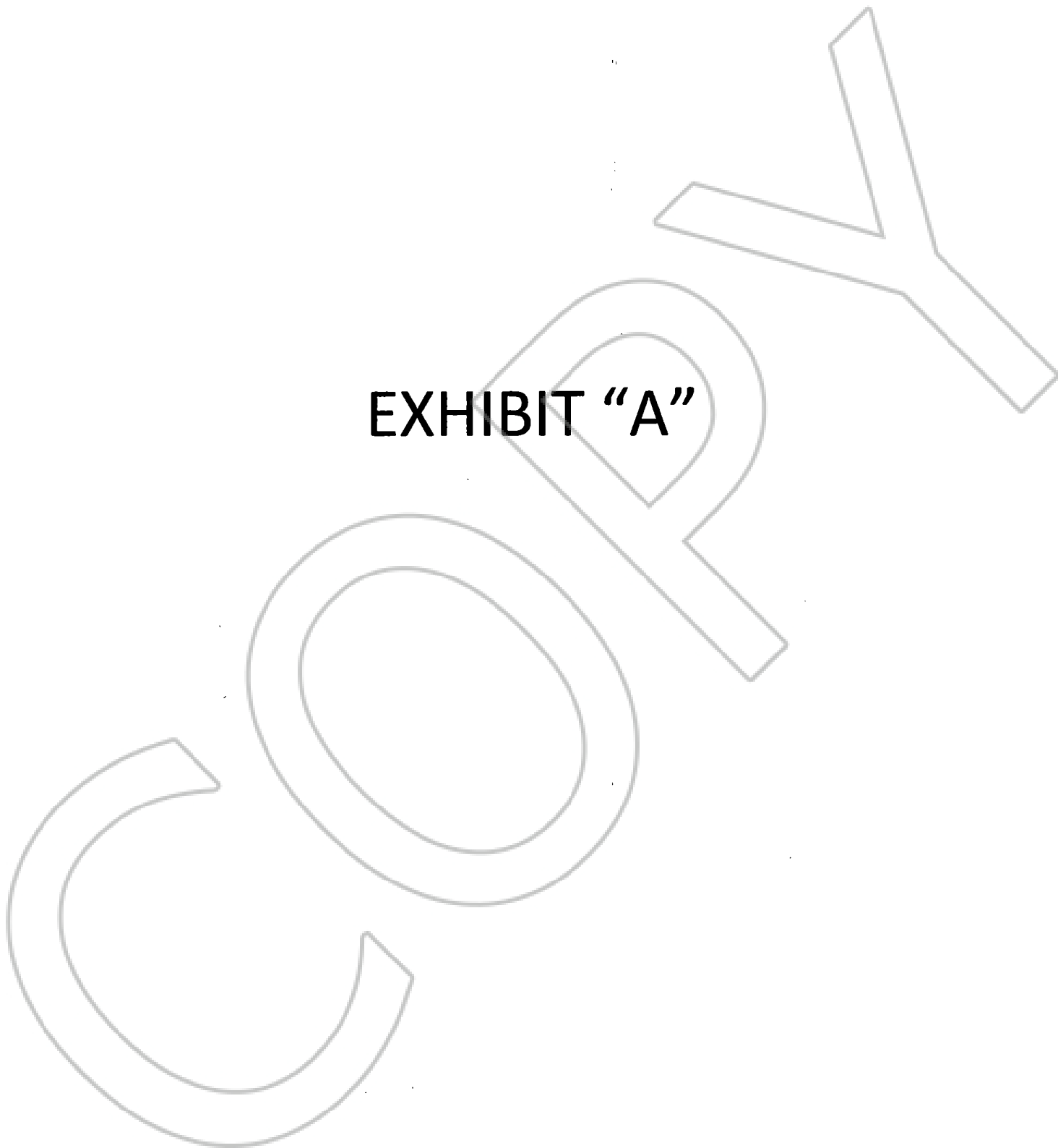


EXHIBIT "A"



STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

8548377

STATE OF LOUISIANA STATE FILE NO. **119 81 19 957**

CERTIFICATE OF DEATH

Typewriter BIRTH NO. _____

1A. LAST NAME OF DECEASED **CROWLEY** 1B. FIRST NAME **DEANNA** 1C. SECOND NAME **MARLENE** 2A. MONTH **7** DAY **2** YEAR **1981** 2B. HOUR **1:20** PM

3. SEX—MALE OR FEMALE **FEMALE** 4. COLOR OR RACE **WHITE** 5. Married Never Married Widowed Divorced 6. NAME OF HUSBAND OR WIFE **James N. Crowley**

7. DATE OF BIRTH OF DECEASED **August 6, 1944** 8. AGE OF DECEASED YEARS **36** MONTHS **10** DAYS **26** 9A. BIRTHPLACE (CITY AND STATE) **Guthrie, Oklahoma** 9B. CITIZEN OF WHAT COUNTRY **U.S.A.**

10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **HOUSEWIFE** 10B. KIND OF BUSINESS OR INDUSTRY **HOME** 11. SOCIAL SECURITY NUMBER _____

12A. CITY, TOWN, OR LOCATION OF DEATH **SLIDELL** 12B. PARISH OF DEATH **ST. TAMMANY**

12C. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) **SLIDELL MEMORIAL HOSPITAL** 12D. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes No

13A. CITY OR TOWN **SLIDELL** 13B. PARISH **ST. TAMMANY** 13C. STATE **LOUISIANA**

13D. STREET ADDRESS—(IF RURAL GIVE LOCATION) **677 DALE DRIVE** 13E. IS RESIDENCE INSIDE CITY LIMITS? Yes No

14. FATHER'S NAME LAST **Butler, Vernon** FIRST **Colen (Prue, Okla.)** MIDDLE _____ 15. MOTHER'S NAME LAST **McCrackin, Georgia Elizabeth** FIRST **(Mannford, Okla.)** MIDDLE _____

I certify that the above stated information is true and correct to the best of my knowledge.

16A. SIGNATURE OF INFORMANT *James N. Crowley* 16B. DATE OF SIGNATURE **July 3, 1981**

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

17. IMMEDIATE CAUSE

(a) **SEPSIS - BACTERIAL**

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

(b) **PNEUMONIA - BACTERIAL**

DUE TO, OR AS A CONSEQUENCE OF

(c) _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I

Pulmonary edema, congestion, cirrhosis

18A. AUTOPSY Yes No 18B. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes No

19A. ACCIDENT SUICIDE HOMICIDE 19B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 17.) _____

19C. TIME OF INJURY: HOUR _____ MONTH _____ DAY _____ YEAR _____

19D. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 19E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY) **U. J. Arrette, M.D. 1001 Cause Blvd, Slidell La** 19F. CITY, TOWN, OR LOCATION **Slidell La** PARISH _____ STATE _____

20. I CERTIFY THAT I ATTENDED THE DECEASED From **at necropsy** and that death occurred on the date and hour stated above.

21A. SIGNATURE OF PHYSICIAN *U. J. Arrette (Pathologist)* 21B. DATE OF SIGNATURE **2 JULY 81**

22A. Burial DATE THEREOF **7/7/81** 22B. NAME AND LOCATION OF CEMETERY OR CREMATORY **Fairlawn Cemetery, Oklahoma** 23. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR *James S. Honaker* **Honaker Funeral Home, Inc., Slidell, La. - 707**

24. BURIAL TRANSIT PERMIT NUMBER **52B 132** 25. PARISH OF ISSUE **St. Tammany** 26. DATE OF ISSUE **July 3, 1981** 27. SIGNATURE OF LOCAL REGISTRAR *James S. Parke*

NOV 05 2021

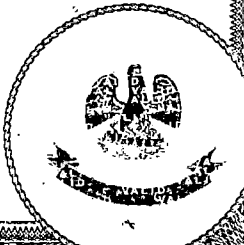
JUL 21 1981



008548377

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.

Devin George
DEVIN GEORGE
STATE REGISTRAR



PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for month of death.)	1A. LAST NAME OF DECEASED CROWLEY,		1B. FIRST NAME DEANNA		1C. SECOND NAME MARLENE		2A. MONTH DAY YEAR DATE OF DEATH: July 2, 1981		2B. HOUR 1:20 PM		
	3. SEX—MALE OR FEMALE FEMALE		4. COLOR OR RACE WHITE		5. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		6. NAME OF HUSBAND OR WIFE James N. Crowley				
	7. DATE OF BIRTH OF DECEASED August 6, 1944		8. AGE OF DECEASED YEARS MONTHS DAYS HOURS MIN. 36 10 26 - -		9A. BIRTHPLACE (CITY AND STATE) Guthrie, Oklahoma		9B. CITIZEN OF WHAT COUNTRY U.S.A.				
10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) HOUSEWIFE					10B. KIND OF BUSINESS OR INDUSTRY HOME					11. SOCIAL SECURITY NUMBER 	
PLACE OF DEATH	12A. CITY, TOWN, OR LOCATION OF DEATH SLIDELL							12B. PARISH OF DEATH ST. TAMMANY			
	12C. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) SLIDELL MEMORIAL HOSPITAL							12D. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
USUAL RESIDENCE OF DECEASED (Where deceased lived. If institution: Residence before admission.)	13A. CITY OR TOWN SLIDELL			13B. PARISH ST. TAMMANY			13C. STATE LOUISIANA				
	13D. STREET ADDRESS—(IF RURAL GIVE LOCATION) 677 DALE DRIVE							13E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
PARENTS	14. FATHER'S LAST FIRST MIDDLE NAME Butler, Vernon Colen (Prue, Okla.)			15. MOTHER'S LAST FIRST MIDDLE MAIDEN NAME McCrackin, Georgia Elizabeth (Mannford, Okla.)							
	INFORMANT'S CERTIFICATION I certify that the above stated information is true and correct to the best of my knowledge.		16A. SIGNATURE OF INFORMANT <i>James N. Crowley</i>			16B. DATE OF SIGNATURE July 3, 1981		16C. ADDRESS OF INFORMANT 677 Dale Dr., Slidell, La.			
CAUSE OF DEATH	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	17. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last (a) SEPSIS - BACTERIAL DUE TO, OR AS A CONSEQUENCE OF: (b) PNEUMONIA - BACTERIAL DUE TO, OR AS A CONSEQUENCE OF: (c)										
	PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. Pulmonary edema, emphysema, cirrhosis							18A. AUTOPSY Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		18B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	19A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			19B. DESCRIBE HOW INJURY OCCURRED. (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 17.)							
	19C. TIME OF INJURY HOUR MONTH DAY YEAR M.										
	19D. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		19E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) U. J. Arnette, M.D. 1001 Gause Blvd. Slidell, La.		19F. CITY, TOWN, OR LOCATION Slidell, La.			PARISH STATE			
PHYSICIAN'S CERTIFICATION	20. I CERTIFY THAT I ATTENDED THE DECEASED From at necropsy		and that death occurred on the date and hour stated above.		21A. SIGNATURE OF PHYSICIAN <i>U. J. Arnette (Pathologist)</i>		21B. DATE OF SIGNATURE 2 JULY 81				
	22A. Burial <input checked="" type="checkbox"/> DATE THEREOF Cremation <input type="checkbox"/> 7/7/81 Removal <input type="checkbox"/>		22B. NAME AND LOCATION OF CEMETERY OR CREMATORY Fairlawn Cemetery, Oklahoma		23. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Henry F. Granchino E-1874 Honaker Funeral Home, Inc., Slidell, La. - 76						
BURIAL TRANSIT PERMIT.	24. BURIAL TRANSIT PERMIT NUMBER 52B 132		25. PARISH OF ISSUE St. Tammany		26. DATE OF ISSUE July 3, 1981		27. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>				

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
LOCAL REGISTRAR