

APN 01013204

APN 01013213

APN \_\_\_\_\_



00008469202101617520040044

OFFICIAL RECORD  
AMY ELMER, RECORDER

*"Affidavit"*

**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

**Grantees address and mail tax statement:**

21A Tuscany Valley Drive  
Lafayette, LA 70506-1715

Affidavit

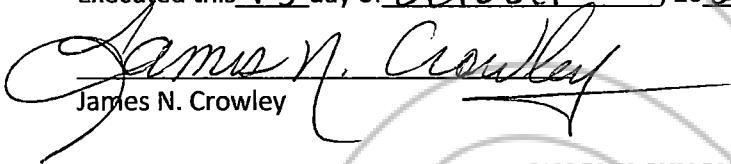
STATE OF NEVADA  
COUNTY OF LINCOLN

The undersigned, JAMES N. CROWLEY, being duly sworn, hereby deposes and says:

1. I am over the age of 18 and am a resident of the State of Louisiana. I have personal knowledge of the Facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
3. That I am the Sole Owner and Sole Survivor of the following property by right of Affidavit of Survivorship in Joint Tenancy: Parcel #010-132-04 District 5 Roll #1199 and Parcel #010-132-13 District 5 Roll #1200 Rachel, NV.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.

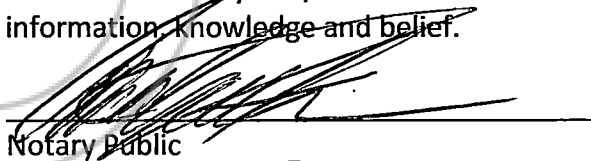
Executed this 15 day of October, 2021.

  
James N. Crowley

**NOTARY ACKNOWLEDGMENT**

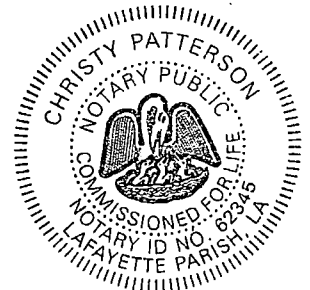
STATE OF NEVADA, COUNTY OF LINCOLN, ss:

This Affidavit was acknowledged before me this 15 day of October 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 the matters stated herein are true to the best of his/her information, knowledge and belief.

  
Notary Public

  
Title (and Rank)

My commission expires at death



**STATE OF LOUISIANA**  
**CERTIFICATION OF VITAL RECORD**

8548376

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

1A. LAST NAME OF DECEASED <b>CROWLEY</b>		1B. FIRST NAME <b>DEANNA</b>		1C. SECOND NAME <b>MARLENE</b>		2A. MONTH DAY YEAR <b>July 2, 1981</b>		2B. HOUR <b>1:20 P.M.</b>	
3. SEX—MALE OR FEMALE <b>FEMALE</b>		4. COLOR OR RACE <b>WHITE</b>		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 <b>James N. Crowley</b>			
7. DATE OF BIRTH OF DECEASED <b>August 6, 1944</b>		8. AGE OF DECEASED YEARS MONTHS DAYS HOURS MIN. <b>36 10 26 - -</b>		9A. BIRTHPLACE (CITY AND STATE) <b>Guthrie, Oklahoma</b>		9B. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>HOUSEWIFE</b>				10B. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. SOCIAL SECURITY NUMBER			
12A. CITY, TOWN, OR LOCATION OF DEATH <b>SLIDELL</b>						12B. PARISH OF DEATH <b>ST. TAMMANY</b>			
12C. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) <b>SLIDELL MEMORIAL HOSPITAL</b>									
13A. CITY OR TOWN <b>SLIDELL</b>				13B. PARISH <b>ST. TAMMANY</b>		13C. STATE <b>LOUISIANA</b>			
13D. STREET ADDRESS—(IF RURAL GIVE LOCATION) <b>677 DALE DRIVE</b>						13E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
14. FATHER'S NAME LAST FIRST MIDDLE <b>Butler, Vernon Colen (Prue, Okla.)</b>		15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE <b>McCrackin, Georgia Elizabeth (Mannford, Okla.)</b>							

I certify that the above stated information is true and correct to the best of my knowledge.  
16A. SIGNATURE OF INFORMANT: *[Signature]* 677 Dale Dr., Slidell, La.  
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 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, congestion, emphysema*

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 WORK  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: *[Signature]* 21B. DATE OF SIGNATURE: **7 JUL 81**

22A. Burial  Cremation  Removal  DATE THEREOF: **7/7/81**

22B. NAME AND LOCATION OF CEMETERY OR CREMATORY: **Fairlawn Cemetery, Cushing, Oklahoma**

22C. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR: **Honaker Funeral Home, Inc., Slidell, La. - 767**

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: *[Signature]*

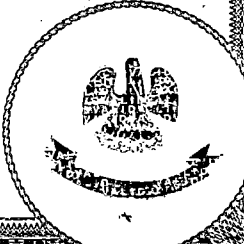
NOV 05 2021



008548376

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.

*[Signature]*  
**DEVIN GEORGE**  
STATE REGISTRAR



STATE OF LOUISIANA  
**CERTIFICATE OF DEATH**

STATE FILE NO. **119**

IMPORTANT: Black Ink or Typewriter Ribbon Mandatory by State Law. BIRTH NO.

PERSONAL DATA OF DECEASED (Type or print names. Do not use numerals for month of death.)	1A. LAST NAME OF DECEASED <b>Crowley</b>		1B. FIRST NAME <b>DEANNA</b>		1C. SECOND NAME <b>MARLENE</b>		2A. MONTH DAY YEAR DATE OF DEATH: <b>July 2, 1981</b>		2B. HOUR <b>1:20 PM</b>					
	3. SEX—MALE OR FEMALE <b>FEMALE</b>		4. COLOR OR RACE <b>WHITE</b>		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 <b>James N. Crowley</b>							
	7. DATE OF BIRTH OF DECEASED <b>August 6, 1944</b>			8. AGE OF DECEASED YEARS MONTHS DAYS HOURS MIN. <b>36 10 26 - -</b>			9A. BIRTHPLACE (CITY AND STATE) <b>Guthrie, Oklahoma</b>		9B. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
PLACE OF DEATH	10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>HOUSEWIFE</b>					10B. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>		11. SOCIAL SECURITY NUMBER						
	12A. CITY, TOWN, OR LOCATION OF DEATH <b>SLIDELL</b>							12B. PARISH OF DEATH <b>ST. TAMMANY</b>						
USUAL RESIDENCE OF DECEASED (Where deceased lived. If institution: Residence before admission.)	12C. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION) <b>SLIDELL MEMORIAL HOSPITAL</b>					12D. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
	13A. CITY OR TOWN <b>SLIDELL</b>			13B. PARISH <b>ST. TAMMANY</b>			13C. STATE <b>LOUISIANA</b>							
PARENTS	13D. STREET ADDRESS—(IF RURAL GIVE LOCATION) <b>677 DALE DRIVE</b>					13E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
	14. FATHER'S NAME LAST FIRST MIDDLE <b>Butler, Vernon Colen (Prue, Okla.)</b>					15. MOTHER'S NAME LAST MAIDEN FIRST MIDDLE <b>McCrackin, Georgia Elizabeth (Mannford, Okla.)</b>								
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. ADDRESS OF INFORMANT <b>677 Dale Dr., Slidell, La</b>		16C. DATE OF SIGNATURE <b>July 3, 1981</b>				
	PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
CAUSE OF DEATH	17. IMMEDIATE CAUSE (a) <b>SEPSIS - BACTERIAL</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>PNEUMONIA - BACTERIAL</b> 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 (A) <b>Pulmonary edema, congestion, cirrhosis</b>										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"/>	
	19A. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>													
DEATH DUE TO EXTERNAL VIOLENCE	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 <input type="checkbox"/> AT WORK			19E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) <b>U. J. Arrette, M.D. 1001 Gause Blvd Slidell La</b>			19F. CITY, TOWN, OR LOCATION PARISH STATE <b>Slidell La</b>				
PHYSICIAN'S CERTIFICATION	20. I CERTIFY THAT I ATTENDED THE DECEASED From <b>at necropsy</b>					and that death occurred on the date and hour stated above.					21A. SIGNATURE OF PHYSICIAN <i>U. J. Arrette, M.D.</i>		21B. DATE OF SIGNATURE <b>2 JUL 81</b>	
	22A. Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> DATE THEREOF <b>7/7/81</b>			22B. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Fairlawn Cemetery, Oklahoma</b>			23. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <i>Clayton S. Branch</i> <b>Monaker Funeral Home, Inc., Slidell, La. - 767</b>							
BURIAL TRANSIT PERMIT	24. BURIAL TRANSIT PERMIT NUMBER <b>52B 132</b>			25. PARISH OF ISSUE <b>St. Tammany</b>			26. DATE OF ISSUE <b>July 3, 1981</b>			27. SIGNATURE OF LOCAL REGISTRAR <i>Agnes L. Parker</i>				

PHS 16 (R 3/77) DHHR, Health Services and Environmental Quality, Vital 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*  
 LOCAL REGISTRAR