

After recording Return to:

James Crowley
214 Tuscany Vly
Lafayette LA 70506



00008470202101617530050055

OFFICIAL RECORD
AMY ELMER, RECORDER

AFFIDAVIT OF DEATH

State of Louisiana

County of Lafayette, SS:

The undersigned **James N. Crowley**, being first duly sworn according to law, and having personal knowledge of that which is set forth herein, deposes and says as follows:

- 1) Affiant resides at 214 Tuscany Valley, Lafayette, LA, 70506 and is the surviving spouse of **Deanna M. Crowley**, who died on July 2, 1981 (A copy of the Death Certificate is Attached as Exhibit "A").
- 2) By deeds dated June 11, 1970, presented for record on September 8, 1970, and recorded in Reception No. 49495 and 49496, in the Recorder's Office, Lincoln County, Nevada, the following described real estate was conveyed to **James N. Crowley**, and the decedent, **Deanna M. Crowley**.
- 3) The legal description of the land to which this Affidavit pertains is legally described as:

Lot Five (5) and Lot Thirteen (13) of the Lincoln Estates, Record # 49097, according to the plat thereof filed in the office of the County Clerk of Lincoln County, Nevada ("Real Property").

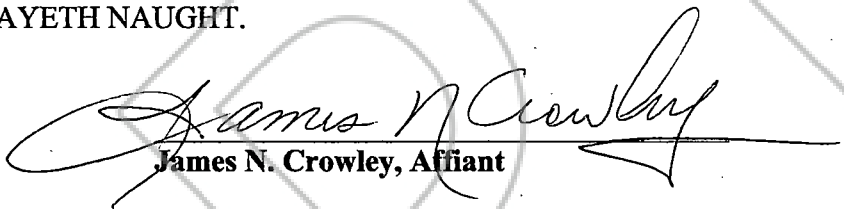
APN: 01013204 & 01013213

- 4) The Estate of Deanna M. Crowley, aka Deanna Marlene Butler Crowley, was presented for probate with the 22nd Judicial District Court, Parish of St. Tammany, State of Louisiana at File No. 19-22-4943.
- 5) On April 5, 1982, A Judgment of Possession (Attached as Exhibit "B") was issued in accordance with the testament of Deanna M. Crowley, and undivided 1/2 interest in the Real Property as follows:

James ^{N.} M. Crowley, surviving spouse	1/2 interest
Lisa Renae Crowley, daughter	1/4 interest
Kimberly Giana Crowley, daughter	1/4 interest

- 6) This Affidavit is provided in accordance with Colorado law and is executed to evidence that title to the real property now vests with **James N. Crowley**, as survivor, as to an undivided $\frac{1}{2}$ interest, **Lisa Renae Crowley** as to an undivided $\frac{1}{4}$ interest and **Kimberly Giana Crowley** as to an undivided $\frac{1}{4}$ interest and to enable the Recorder and Assessor of Lincoln County, Nevada, to amend the tax list into the name of the present owners and out of the name of the deceased co-owner.

AFFIANT FURTHER SAYETH NAUGHT.


James N. Crowley, Affiant

Acknowledged before me and subscribed in my presence this 31st day of August, 2017.



Notary Public
Daniel R. Maggio
Notary # 62253

EXHIBIT "A"

COPY

STATE OF LOUISIANA
CERTIFICATION OF VITAL RECORD

8548378

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

Typewriter BIRTH NO. _____

CERTIFICATE 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 P M	
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			
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"/>			
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"/>			
14. FATHER'S LAST NAME Butler, Vernon		FIRST Colen (Prue, Okla.)		MIDDLE		15. MOTHER'S LAST MAIDEN NAME McCrackin, Georgia Elizabeth		FIRST (Mannford, Okla.)	
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>		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)									
17. IMMEDIATE CAUSE									
(a) SEPSIS - BACTERIAL									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last									
(b) PNEUMONIA - BACTERIAL									
(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 <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"/>									
19B. DESCRIBE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II OF ITEM 17.)									
19C. TIME OF INJURY									
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. Arrette, M.D. 1001 Cause Blvd, Slidell, La									
19F. CITY, TOWN, OR LOCATION Slidell, La									
19G. PARISH ST. TAMMANY									
19H. STATE LOUISIANA									
20. I CERTIFY THAT I ATTENDED THE DECEASED		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 2 JULY 81			
From at necropsy		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 Honaker Funeral Home, Inc., Slidell, La. - 767			
24. BURIAL TRANSIT PERMIT NUMBER 57B 132		25. PARISH OF ISSUE St. Tammany		26. DATE OF ISSUE July 3, 1981		27. SIGNATURE OF LOCAL REGISTRAR <i>James L. Parker</i>			

JUL 21 1981

NOV 05 2021



008548378

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



STATE OF LOUISIANA STATE FILE NO. 119
CERTIFICATE OF DEATH

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 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 [REDACTED]				
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>		677 Dale Dr., Slidell, La		16B. DATE OF SIGNATURE July 3, 1981					
CAUSE OF DEATH	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)								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 <i>Pulmonary edema, congestion, cirrhosis</i>								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 <input type="checkbox"/> AT WORK				19E. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) U. J. Arrette, 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. Arrette (Pathologist)</i>		21B. DATE OF SIGNATURE 2 JULY 81					
FUNERAL DIRECTOR'S CERTIFICATION	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 <i>Henry F. Ganchon</i>		E-1874 Honaker Funeral Home, Inc., Slidell, La. • 767					
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>					

RHS 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