

APN: 003-184-01

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

Affidavit – Death of Joint Tenant
(Title of Document)

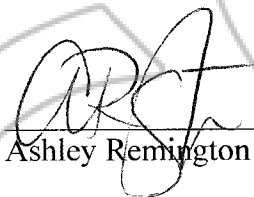
Please complete the cover page, check one of the following and sign below.

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 may apply)
This cover page must be typed or printed.

APN NO.: 003-184-01

RECORDING REQUESTED BY:
TITLE DEEDS & NEEDS, LLC

WHEN RECORDED MAIL TO and
MAIL TAX STATEMENTS TO:
DONALD SHEARER
C/O SHEILA JEAN SHEARER
P.O. BOX 498
CALIENTE, NV 89008

File No. 22-180A

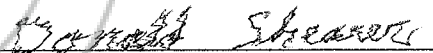
AFFIDAVIT – DEATH OF JOINT TENANT

Donald Shearer, of legal age, being duly sworn, deposes and says:

That Gloria Shearer, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Gloria Shearer, named as one of the parties in that certain Deed dated October 4, 2001, executed by Dan L. Papez, District Court Judge to Gloria Shearer and Donald Shearer, husband and wife, as joint tenants, recorded on October 8, 2001, as Instrument No. 117086, of Official Records of Lincoln County, Nevada, covering the following described property.

LEGAL DESCRIPTION AS PER EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Commonly known as: 382 Spring Heights, Caliente, Nevada.


Donald Shearer, Surviving Joint Tenant

STATE OF NEVADA
COUNTY OF LINCOLN

} SS:

This instrument was acknowledged before me on MARCH 9, 2022

By: DONALD SHEARER




Notary Public
My commission expires: 6/27/2025

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO. 4161772

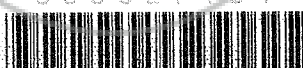
CERTIFICATE OF DEATH

2020017476

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Gloria Jean SHEARER		2. DATE OF DEATH (Mo/Day/Year) August 15, 2020		3a. COUNTY OF DEATH Lincoln	
DECEDENT	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 382 Spring Heights		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
	4. SEX Female					
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	5. RACE (Specify) Native American, Southern Paiute		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 DAY HOURS	
PARENTS	9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 11	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Donald Ray SHEARER			
DISPOSITION	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) HOMEMAKER		14b. KIND OF BUSINESS OR INDUSTRY HOME	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
TRADE CALL	15d. STREET AND NUMBER 382 Spring Heights		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Boone WILSON			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Juanite WEED		
CERTIFIER	18a. INFORMANT - NAME (Type or Print) Shelia SHEARER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 498 Caliente, Nevada 89008			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
REGISTRAR	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
	20d. TRADE CALL - NAME AND ADDRESS					
CAUSE OF DEATH	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) SIGNATURE AUTHENTICATED MINESH AMIN DO		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)			
	21b. DATE SIGNED (Mo/Day/Yr) August 17, 2020		21c. HOUR OF DEATH 02:09		22b. DATE SIGNED (Mo/Day/Yr)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) Minesh Amin DO 6655 W Sahara Ave Las Vegas, NV 89146			
PART I	23b. LICENSE NUMBER DO1591		24a. REGISTRAR (Signature) WESLEY T STOREY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 17, 2020	
	24c. SIGNATURE AUTHENTICATED		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)						
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.						
26. ACC. SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		27. DATE OF INJURY (Mo/Day/Yr)		28. HOUR OF INJURY		
28a. INJURY AT WORK (Specify Yes or No)		28b. PLACE OF INJURY- At home, farm, street, factory, office, building, etc. (Specify)		28c. DESCRIBE HOW INJURY OCCURRED		
28d. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		
28e. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE		

000827184



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: 8/19/2020

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

Wesley T Storey
STATE REGISTRAR

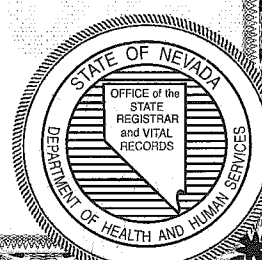
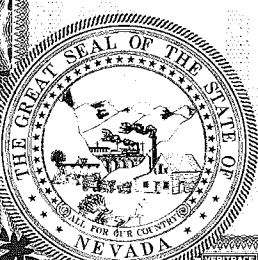


EXHIBIT "A"

All of Lots Forty (40), Forty-One (41), and Forty-Two (42), in Block Twelve (12), in the City of Caliente, County of Lincoln, State of Nevada.

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