

RECORDING REQUESTED BY:

WHITNEY AARON CUDE

WHEN RECORDED, MAIL TO  
AND MAIL TAX STATEMENTS TO:

Whitney Aaron Cude

PO Box 312

Pioche, NV 89043



00008936202201621780040045

OFFICIAL RECORD  
AMY ELMER, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

**AFFIDAVIT--DEATH OF JOINT TENANT**

STATE OF NEVADA )

) ss.

COUNTY OF LINCOLN )

WHITNEY AARON CUDE, of legal age, being first sworn, deposes and says:

That MARILYN ANNE FLESKES CUDE, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marilyn Anne Fleskes Cude, named as one of the parties in that certain Deed, dated July 11, 1994, executed by Vaughn K. Phillips and Donna M. Phillips to Marilyn Anne Fleskes Cude and Whitney Aaron Cude, as Joint Tenants, and recorded on July 15, 1994, in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 102073 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

Executed on January 11, 2022, in Lincoln County, Nevada. I certify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

*Whitney A Cude*  
\_\_\_\_\_  
WHITNEY AARON CUDE

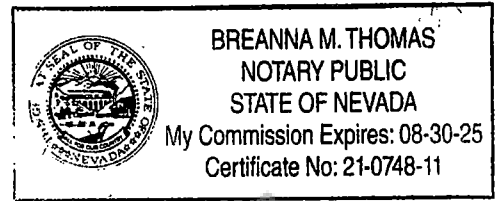
STATE OF NEVADA

)

) ss.

COUNTY OF LINCOLN

)



SUBSCRIBED AND SWORN TO (or affirmed) before me on January 11, 2022, by WHITNEY AARON CUDE, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Breanna M. Thomas  
NOTARY PUBLIC

DRAFT

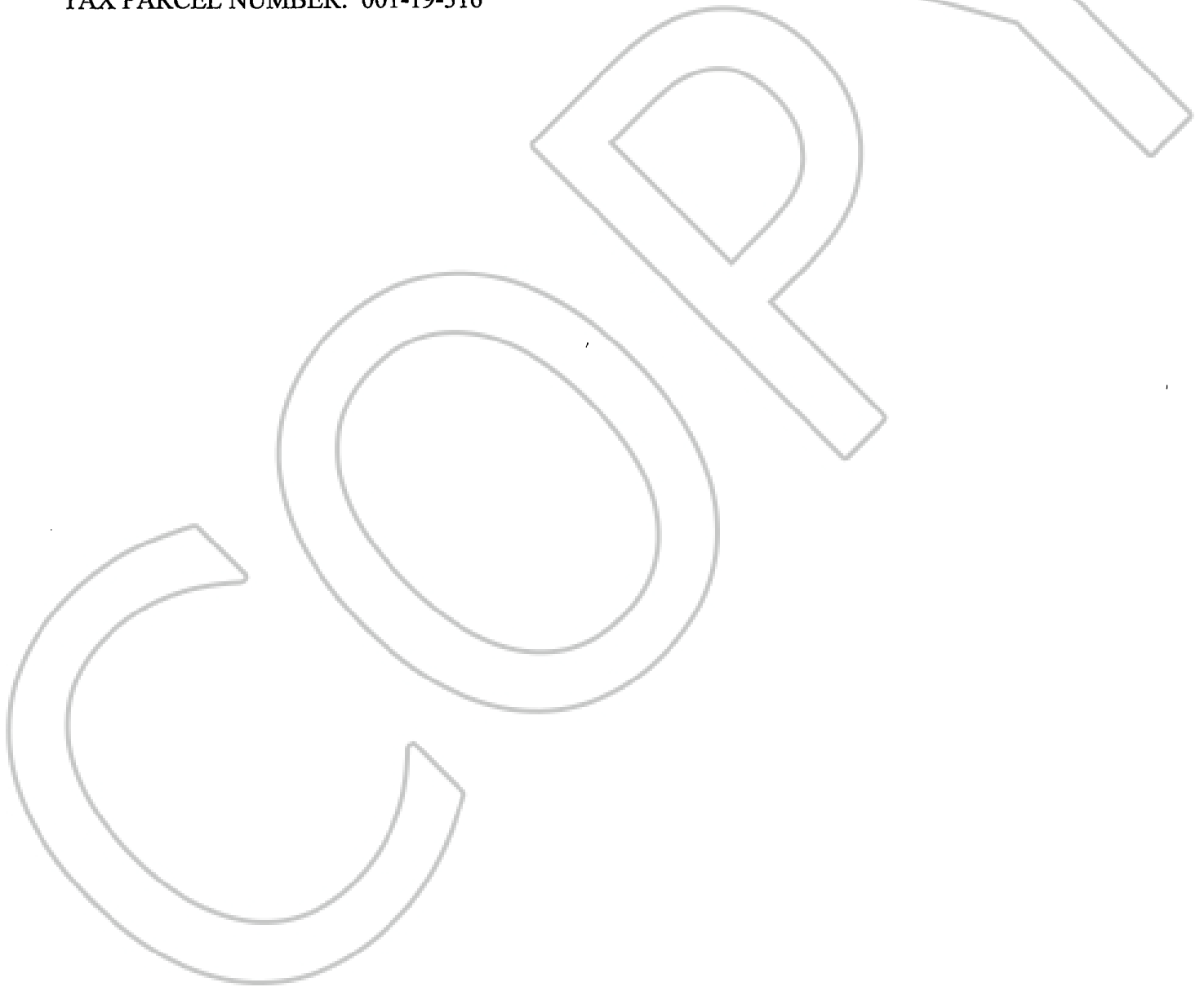
# EXHIBIT A

PARCEL NO. 4C AS SHOWN ON PARCEL MAP RECORDED ON PAGE 409 OF PLATS, LINCOLN COUNTY, NEVADA, RECORDS, AND BEING SITUATED IN THE SOUTH HALF (S1/2) OF THE SE QUARTER (SE1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF SECTION 15, TOWNSHIP 1 NORTH, RANGE 67 EAST, M.D.B.&M., LINCOLN COUNTY, NEVADA.

Legal description previously appears in a Grant, Bargain, Sale Deed recorded on July 15, 1994 in Book 110 Page 225 as document no. 102073 of the Records of Lincoln County, Nevada.

and more commonly known as 8 Franks St., Pioche, NV 89043.

TAX PARCEL NUMBER: 001-19-316



**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

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

CASE FILE NO. 4259833

**CERTIFICATE OF DEATH**

2022000681  
STATE FILE NUMBER

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

DECEDENT

IF DEATH  
OCCURRED IN  
INSTITUTION SEE  
HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE  
ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF  
DEATH

CONDITIONS IF  
ANY WHICH  
GAVE RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Marilyn Anne CUDE		2. DATE OF DEATH (Mo/Day/Year) January 09, 2022		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION Name (if not either, give street or number) 8 Frank Street		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY: HOURS   MINS	
8. DATE OF BIRTH (Mo/Day/Yr) November 26, 1942		9a. STATE OF BIRTH (if not US/CA name country) Oregon		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Whitney Aaron CUDE JR	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
Data Processor		Finance/Accounting		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 8 Frank Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last Suffix) Lawrence William FLESKES			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) Sarah Betty CLARK		
18a. INFORMANT - NAME (Type or Print) Whitney Aaron CUDE JR		18b. MAILING ADDRESS - (Street or R.F.D. No., City or Town, State, Zip) PO Box 312 Pioche, Nevada 89043			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street, Caliente, NV 89008	
TRADE CALL - NAME AND ADDRESS					
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]		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) <b>KENYON WALCH</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) [Signature]		21c. HOUR OF DEATH [Signature]		22b. DATE SIGNED (Mo/Day/Yr) January 14, 2022	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 11:11		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 09, 2022	
22e. PRONOUNCED DEAD AT (Hour) 11:11		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenyon Walch, 225 Justice Way, Pioche, NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>DARAN GRISSOM</b> SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 18, 2022		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 I (a) Cardiac Arrest		Interval between onset and death			
(b) DUE TO, OR AS A CONSEQUENCE OF: Hypertension		Interval between onset and death			
(c) DUE TO, OR AS A CONSEQUENCE OF: Hyperlipidemia		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF: Chronic Bronchitis		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER? (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)			
28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	

0-0-0 9 1 2 4 0 1



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.

1/31/2022

DATE ISSUED:

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

STATE REGISTRAR

