



OFFICIAL RECORD
AMY ELMER, RECORDER

RECORDING COVER PAGE

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and avoid printing in the 1" margins of document)

APN# 001-240-02

(11 digit Assessor's Parcel Number may be obtained at:
<http://redrock.co.clark.nv.us/assrealprop/ownr.aspx>)

TITLE OF DOCUMENT
(DO NOT Abbreviate)

AFFIDAVIT - DEATH OF JOINT TENANT

Re-recording Document No: 0131559

to correct legal description

Document Title on cover page must appear EXACTLY as the first page of the document
to be recorded.

RECORDING REQUESTED BY:

TITLE DEEDS & NEEDS, LLC

RETURN TO: Name The Estate of Elizabeth Hogan

Address PO Box 123

City/State/Zip Pioche, NV 89043

MAIL TAX STATEMENT TO: (Applicable to documents transferring real property)

Name SAME AS ABOVE

Address _____

City/State/Zip _____

This page provides additional information required by NRS 111.312 Sections 1-2.

To print this document properly, do not use page scaling.

P:\Common\Forms & Notices\Cover Page Template Oct2017

DOC # 0131559

05/22/2008

12:39 PM

Official Record

Recording requested By
BETTY L HOGAN

Lincoln County - NV
Leslie Boucher - Recorder

Fee: \$15.00

Page 1 of 2

RPTT:

Recorded By: LB

Book- 241 Page- 0548



0131559

APN: 001-240-02

WHEN RECORDED MAIL TO:
BETTY HOGAN
P.O. BOX 123
PIOCHE, NV 89043

AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says;

That Marion Al Hogan, decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Marion A. Hogan named as one of the parties in that certain Deed dated August 18, 1999, executed by Marion A. Hogan and Elizabeth L. Hogan as Joint Tenants with the right of survivorship, recorded as Instrument No. 113243 in book 143 Page 371 of Official Records of Lincoln County, Nevada, covering the following described property situated in the Town of Pioche, County of Lincoln, State of Nevada.

~~Parcel No. 1, as shown on the Parcel Map filed in Book B of Plats, Page 229, in the office of the County Recorder of the Lincoln County, Nevada. A Parcel of land situated within the S 1/2 of the NE 1/4 of Sec. 14, T.1 N., R. 67 E. M.D.M. Town of Pioche, Lincoln County, Nevada.~~

APN 001-240-02

Subject to:

Covenants, Conditions, Restrictions, Reservations, Rights, Right of Ways and Easements now of record or any that may actual exist on subject property.

Together with all the singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining.

STATE OF NEVADA
COUNTY OF LINCOLN
On May 22, 2008

Executed on May 22, 2008

Betty L Hogan
Signature: Betty L. Hogan

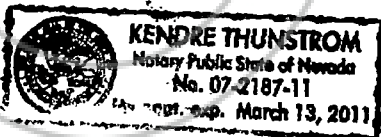
Personally appeared before me,

A Notary Public,

Elizabeth Hogan

Who acknowledged that he executed the above instrument.

Signature: *Kendre Thunstrom*
(Notary Public)



I hereby certify that the foregoing is a full and correct copy of the original document as of 7/18/2022 at 4:26PM
Now of record in this office of Lincoln County Nevada as document number 131559
Date: 7/18/2022

Recorder: Amy Elmer
Amanda Kulani Deputy Recorder



NEVADA
OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
CERTIFICATE OF DEATH

2007001826
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 Marion			1b. MIDDLE Al			1c. LAST HOGAN			2. DATE OF DEATH (Mo/Day/Year) April 09, 2007			3a. COUNTY OF DEATH Lincoln					
3b. CITY, TOWN, OR LOCATION OF DEATH Calliente						3c. HOSPITAL OR OTHER INSTITUTION -Name (if not either, give street and number) Grover C Dils Medical Center						3d. Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient/Specify) Emergency Room / Outpatient			4. SEX Male		
5. RACE-(e.g., White, Black, American Indian) (Specify) White			6. Was Decedent of Hispanic Origin? No If yes, specify Mexican, Cuban, Puerto Rican, etc. Non-hispanic			7a. AGE-Last birthday (Years) 61			7b. UNDER 1 YEAR MOS DAYS			7c. UNDER 1 DAY HOURS MINS			8. DATE OF BIRTH (Mo/Day/Yr) April 16, 1945		
9a. STATE OF BIRTH (if not U.S.A., name country) California			9b. CITIZEN OF WHAT COUNTRY United States			10. EDUCATION 15			11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			12. SURVIVING SPOUSE (if wife, give maiden name) Elizabeth FARNSWORTH					
13. SOCIAL SECURITY NUMBER [REDACTED]						14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life) Even if Retired) Technician						14b. KIND OF BUSINESS OR INDUSTRY Phone Company					
15a. RESIDENCE - STATE Nevada			15b. COUNTY Lincoln			15c. CITY, TOWN OR LOCATION Pioche			15d. STREET AND NUMBER 101 Bartolo Ave			15e. INSIDE CITY LIMITS (Specify Yes or No) YES					
16. FATHER - NAME (First Middle Last Suffix) Marion Al HOGAN						17. MOTHER - NAME (First Middle Last Suffix) Cosa LYONS											
18a. INFORMANT- NAME (Type or Print) Elizabeth (Betty) HOGAN						18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 123 Pioche, Nevada											
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					
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER SIGNATURE AUTHENTICATED						20b. FUNERAL DIRECTOR LICENSE 807			20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Calliente 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) KEVIN V JENSEN MD SIGNATURE AUTHENTICATED						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) April 12, 2007						21c. HOUR OF DEATH 15:56											
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						22b. DATE SIGNED (Mo/Day/Yr)						22c. HOUR OF DEATH					
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						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) KEVIN V JENSEN MD, 355 West Mesquite Blvd, Ste. D-3 Mesquite, NV, 89027											23b. LICENSE NUMBER 7581						
24a. REGISTRAR (Signature)						24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr)			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 (a) Myocardial infarction						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(b) Coronary artery disease						Interval between onset and death											
DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death											
(c) Dilated cardiomyopathy						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. Hypertension, poorly controlled diabetes											26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No				
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		

STATE REGISTRAR

143010

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:

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

SIGNATURE AUTHENTICATED



QSRB1004-Rv-E2

EXHIBIT "A"
Legal Description

Order No.: 33220999

For APN/Parcel ID(s): 001-240-02

All that certain real property situate in the County of Lincoln, State of Nevada, described as follows;

A portion of the South Half (S 1/2) of the Northeast Quarter (NE 1/4) of Section 14, Township 1 North, Range 67 East, M.D.B. & M., more particularly described as follows:

Beginning at the South Cor. of the Adjusted Area, being common with the South Cor. of said parcel of land, whence the W1/4 Cor. of said Sec. 14 bears S. 77° 13' 34" W. 0 distance of 4000.10 feet, said point being the Point of Beginning:

Thence N. 08°07'12" W. a distance of 141.99 feet along the adjusted boundary line:

Thence N. 14°22'1 0" E. a distance of 72.40 feet to the North Cor. of the Adjusted Area:

Thence N. 88°43'16" E. a distance of 270.10 feet to the NE Cor. of the said parcel of land:

radius of 2196.67 feet, a tangent length of 91.95 feet, and an arc length of 183.79 feet to a point of tangency:

Thence S. 52°19'01" W. a distance of 160.96 feet to the Point of Beginning:

The above legal description is a metes and bounds description and was obtained from that certain Record of Survey for Boundary Lines Adjustment Map, recorded June 7, 1999 in Book B of Surveys, page 229, as File No. 112898 Lincoln County, Nevada records.

This additional information required by NRS 111.312 and NRS 239B.030.