

APN: 004-011-09

**WHEN RECORDED, MAIL TO:**

David T. Smallwood  
P.O. Box 479  
Alamo, NV 89001



OFFICIAL RECORD  
AMY ELMER, RECORDER

**MAIL TAX NOTICES TO:**

David T. Smallwood  
P.O. Box 479  
Alamo, NV 89001

**AFFIDAVIT OF DEATH OF JOINT TENANT**

STATE OF NEVADA            )  
  ) ss.  
COUNTY OF LINCOLN        )

David T. Smallwood does hereby swear under penalty of perjury under the law that the assertions of this affidavit are true and declares the following:

1. On or about April 18, 2007, David T. Smallwood and Devora B. Smallwood acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, State of Nevada, by Deed recorded on April 24, 2008, as recorded document number 0131418, Official Records of Lincoln County, Nevada. The legal description of the property is as follows:

A PARCEL OF LAND LOCATED IN THE NORTHEAST QUARTER (NE1/4) OF THE SOUTHWEST QUARTER (SW1/4) OF SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.B.& M., MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT 200 FEET SOUTH OF THE CENTER OF SECTION 5, TOWNSHIP 7 SOUTH, RANGE 61 EAST, M.D.M. (SAID POINT OF BEGINNING OTHERWISE DESCRIBED AS 200 FEET SOUTH OF THE NORTHEAST CORNER OF THE NE 1/4 OF THE SW 1/4 OF SAID SECTION 5), RUNNING THENCE SOUTH (ON THE QUARTER SECTION LINE) 287 FEET, THENCE WEST 339 FEET, THENCE NORTH 100 FEET; THENCE ON AN ANGLE OF ABOUT NORTH 60° EAST ABOUT 385 FEET TO THE POINT OF BEGINNING.

NOTE: THE ABOVE METES AND BOUNDS LEGAL DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED MARCH 20, 1995 IN BOOK 112, PAGE 526, AS INSTRUMENT NO. 103203.

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2. Devora B. Smallwood died on December 12, 2020, in Lincoln County, State of Nevada. A certified copy of the Death Certificate of Devora B. Smallwood is attached to this Affidavit as Exhibit A.

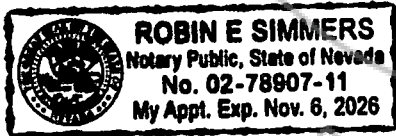
3. At the time of death of Devora B. Smallwood, title to the real property described in paragraph 1 above continued to be held by David T. Smallwood as surviving joint tenant. As a result of the death of Devora B. Smallwood and the joint tenancy form of title, the real property described in paragraph 1 above remained vested in David T. Smallwood upon the death of Devora B. Smallwood.

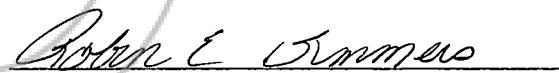
DATED this 16 day of November, 2022.

  
David T. Smallwood

STATE OF NEVADA        }  
                                  } ss.  
COUNTY OF LINCOLN    }

On Nov. 16, 2022, before me, Robin E. Simmers, personally appeared **David T. Smallwood**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this *Affidavit of Death of Joint Tenant*, and acknowledged that he executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.



  
NOTARY PUBLIC

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

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

CASE FILE NO. 4184131

**CERTIFICATE OF DEATH**

2020028055  
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) <b>Devora Bingham SMALLWOOD</b>		2. DATE OF DEATH (Mo/Day/Year) <b>December 12, 2020</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Alamo</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address and number) <b>274 N. Main St.</b>		3e. If Hosp. or inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE - Last birthday (Years) <b>68</b>		7b. UNDER 1 YEAR MOS. DAYS HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>July 31, 1952</b>	
9a. STATE OF BIRTH (If not USA, name country) <b>Nevada</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>14</b>	
11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>David Thomas SMALLWOOD</b>			
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
<b>SECRETARY</b>		<b>EDUCATION</b>		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN, OR LOCATION <b>Alamo</b>	
15d. STREET AND NUMBER <b>274 N. Main St.</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>			
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Elmer Jacob BINGHAM</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Blanche Adalee HOLAWAY</b>		
18a. INFORMANT - NAME (Type or Print) <b>David T SMALLWOOD</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>274 N. Main St. Alamo, Nevada 89001</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Alamo Cemetery</b>		19c. LOCATION City or Town State <b>Alamo Nevada 89001</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>MITCHELL AMOS</b>		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD30</b>		20c. NAME AND ADDRESS OF FACILITY <b>La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122</b>	
21a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) stated. (Signature & Title) <b>[Signature]</b>					
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH			
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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>			
22b. DATE SIGNED (Mo/Day/Yr) <b>December 15, 2020</b>		22c. HOUR OF DEATH <b>03:03</b>			
22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>December 12, 2020</b>		22e. PRONOUNCED DEAD AT (Hour) <b>03:03</b>			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Kenyon Walch 225 Justice Way, Pioche, NV 89043</b>					23b. LICENSE NUMBER
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b>		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>December 15, 2020</b>		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) <b>Probable Respiratory Failure</b> Interval between onset and death (b) <b>Natural Disease Progression Of Unknown Etiology</b> Interval between onset and death (c) <b>Morbid Obesity, Untreated Obstructive Sleep Apnea</b> Interval between onset and death (d) <b>Asthma</b> Interval between onset and death					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. Type 2 Diabetes					26. AUTOPSY (Specify Yes or No) <b>No</b>
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		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	

00084599



CERTIFIED COPY OF VITAL RECORDS

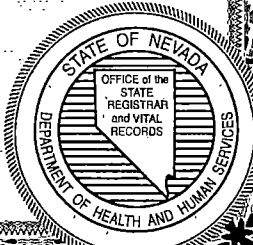
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

12/31/2020

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

*Blaise Satariano*  
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE