

LINCOLN COUNTY, NV

2022-163462

\$37.00

Rec:\$37.00

11/17/2022 01:58 PM

BARNEY MCKENNA & OLMSTEAD, P.C.

Pgs=2 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

WHEN RECORDED MAIL TO:

Jeffery J. McKenna, Esq.
BARNEY MCKENNA & OLMSTEAD, P.C.
P. O. Box 2910
St. George, UT 84771-2710

MAIL TAX STATEMENTS TO:

Madge A. Cude
P.O. Box 240
Pioche, Nevada 89043

A.P.N. 001-192-31

AFFIDAVIT OF SURVIVING JOINT TENANT
RE: DEATH OF JOINT TENANT

STATE OF UTAH)
)ss.
COUNTY OF WASHINGTON)

Madge A. Cude, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

That Donnel R. Cude a/k/a Donnell Roy Cude the decedent mentioned in the attached certified copy of Certificate of Death, who died May 5, 2007, is the same person as Donnel R. Cude, named as one of the parties in that certain Grant, Bargain, Sale Deed recorded on December 2, 1998 as instrument number 111951, executed by Dale L. Wallis and Carol A. Wallis, Husband and Wife, to Donnel R. Cude and Madge A. Cude, Husband and Wife as Joint Tenants, covering the following described property situated in the County of Lincoln, State of Nevada:

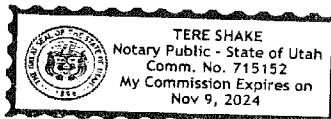
Parcel 5F as shown on Parcel Map recorded July 7, 1986 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats on page 433 as File No. 102764, Lincoln County, Nevada records.

Dated: November 16, 2022

Madge A. Cude
MADGE A. CUDE, Affiant

SUBSCRIBED AND SWORN to (or affirmed) before me on the 16th day of November, 2022,
by MADGE A. CUDE.

Tere Shake
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2007002505
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 Donnel | | 1b. MIDDLE Roy | | 1c. LAST CUDE | | 2. DATE OF DEATH (Mo/Day/Year) May 05, 2007 | | 3a. COUNTY OF DEATH Lincoln | | | |
| 3b. CITY, TOWN, OR LOCATION OF DEATH Pioche | | | 3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 11 Free Street | | | 3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) | | 4. SEX Male | | | |
| 5. RACE (e.g., White, Black, American Indian) (Specify) White | | 6. Was Decedent of Hispanic Origin? (If yes, specify Mexican, Cuban, Puerto Rican, etc.) No Non-hispanic | | 7a. AGE-Last birthday (Years) 65 | | 7b. UNDER 1 YEAR MOS DAYS HOURS MINS | | 8. DATE OF BIRTH (Mo/Day/Yr) May 26, 1941 | | | |
| 9a. STATE OF BIRTH (If not U.S.A., name country) Utah | | 9b. CITIZEN OF WHAT COUNTRY United States | | 10. EDUCATION 12 | | 11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 12. SURVIVING SPOUSE (if wife, give maiden name) Madge AIKEN | | | |
| 13. SOCIAL SECURITY NUMBER [REDACTED] | | | 14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Office Manager | | | 14b. KIND OF BUSINESS OR INDUSTRY Lincoln County Power District | | | | | |
| 15a. RESIDENCE - STATE Nevada | | 15b. COUNTY Lincoln | | 15c. CITY, TOWN OR LOCATION Pioche | | 15d. STREET AND NUMBER 11 Free Street | | 15e. INSIDE CITY LIMITS (Specify Yes or No) Yes | | | |
| 16. FATHER - NAME (First Middle Last Suffix) James Travis CUDE | | | | | 17. MOTHER - NAME (First Middle Last Suffix) Afton PRICE | | | | | | |
| 18a. INFORMANT-NAME (Type or Print) Madge CUDE | | | | 18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 11 Free Street Pioche, Nevada 89043 | | | | | | | |
| 19a. BURIAL, CREMATION, REMOVAL OTHER (Specify) Removal/Burial | | | 19b. CEMETERY OR CREMATORY - NAME Pioche Cemetery | | | 19c. LOCATION City or Town State Pioche Nevada | | | | | |
| 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 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) CHASE DIRKS 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) CHASE DIRKS SIGNATURE AUTHENTICATED | | | | | | |
| 21b. DATE SIGNED (Mo/Day/Yr) May 08, 2007 | | | 21c. HOUR OF DEATH 09:15 | | | 22b. DATE SIGNED (Mo/Day/Yr) May 08, 2007 | | | 22c. HOUR OF DEATH 09:15 | | |
| 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | | | | 22d. PRONOUNCED DEAD (Mo/Day/Yr) May 06, 2007 | | | | | 22e. PRONOUNCED DEAD AT (Hour) 09:15 | |
| 23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner CHASE DIRKS P.O. Box 750 Pioche, NV 89043 | | | | | | | | 23b. LICENSE NUMBER 040 | | | |
| 24a. REGISTRAR (Signature) MIKE NEUMANN SIGNATURE AUTHENTICATED | | | | 24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 24, 2007 | | 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 Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I | | | | | | Interval between onset and death | | Interval between onset and death | | Interval between onset and death | |
| 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 | |

STATE REGISTRAR



147886

CERTIFIED COPY OF VITAL RECORDS

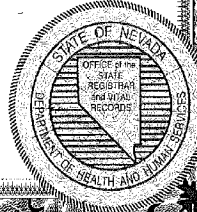
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

05/29/2007

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

SIGNATURE AUTHENTICATED



ANY ALTERATION OF PRESSURE VOIDS THIS CERTIFICATE