LINCOLN COUNTY, NV Rec:\$37.00

2022-163483

11/23/2022 11:21 AM

Total:\$37.00

ERLINDA M. UTZ Pgs=3 AE 

After recording, please return to:						
Name:	Erlinda M Utz	00010320202201634830030031				
Address:	PO Box 131	OFFICIAL RECORD AMY ELMER, RECORDER				
City, State, Zip: Phone:	Pioche, NV 89043 775-962-5285					
Assessor's Parcel Number	001-102-18	_}				
		Above This Line Reserved For Official Use Only				
		ATING JOINT TENANCY 525(5) and NRS 111.365				
Erlinda M U	Jtz	, being first duly sworn, deposes				
and states:						
		age of 21 years and competent to be a witness as e that I have knowledge of the facts stated herein.				
2. I am	Erlinda M Utz	, the same person				
named a July 29,		in that certain Joint Tenancy Deed recorded on , as Document No. 0132349				
in Book		of the Official Records in the				
Office of	f the County Recorder in Lincol	In County, Nevada.				
3. The pro	perty described in the above-	-referenced deed is located in Lincoln County,				
	commonly known as	,				
		TION OF THE NORTHEAST QUARTER OF THE				
F		, TOWNSHIP 1 NORTH, RANGE 67 EAST,				
	M. LINCOLN COUNTY, NEVADA					
PIOCHE;		RLY CORNER OF LOT 59, BLOCK 20, TOWN OF				
11001110,						

RUNNING THENCE EASTERLY ALONG THE NORTHERLY LINE OF LOTS 59 AND 60, SAID

THENCE AT RIGHT ANGLES, SOUTHERLY, 100 FEET TO THE PLACE OF BEGINNING; THE SAME FRONTING 100 FEET ON CORNWALL ROW STREET AND 100 FEET DEEP AND

THE ABOVE METES AND BOUNDS DESCRIPTION APPEARED PREVIOUSLY IN THAT CERTAIN DOCUMENT RECORDED JUNE 19, 1878 IN BOOK 0 OF DEEDS, PAGE 444.

BLOCK 20, 100 FEET;

THENCE AT RIGHT ANGLES, NORTHERLY, 100 FEET; THENCE AT RIGHT ANGLES, WESTERLY 100 FEET;

ADJOINING ON THE NORTHERLY SIDE OF SAID LOTS 59 AND 60.

4.	John J Utz Grantees named in said Deed, and is Certificate. The date and place of the certificate and incorporated herein by the	s the Decedent in he Decedent's dea	the attac	
5.	The Decedent was my husband			<del>-</del>
6.	This affidavit is made for the purpose of the Decedent in the described Erlinda M Utz			
	DATED this day of	November		20 22 .
		Runda	371.	ntz
		Affiant ER	LINDA	M, UNIZ
State	e of <u>Nevada</u> nty of <u>Lincoln</u>			
23	scribed and Sworn to before me on this 3rd day of November, 2022 b			
N	Appt. No. 11-4057-11 My Appt. Expires 01-20-2023		`	

Povince	NEGROS	ORIENTAL			Regist	ry No.	11-7
Sity/Municipa	lity_VALENCE	A (LUZURRIAGA)				, 2022	- 11-/
. NAME	(First)	(Middle)	(Last)	)		2. SEX (Male)	Female)
	NHOL	JOSEPH L	ITZ.			MALE	•
3 DATE OF DEA	TH (Day Month Ye	eer) 4. DATE OF BIRTH (Day) (Mon	(h) (Year)	5. AGE AT	THE TIME C	] DF DEATH (Fill⊣n belo	waccdg, to age
	ILY 2022	07 SEPTEMBER 19		2. IF 1 YEAR [2] Comple	ORABOVE ded years 73	11)Morths [0]	lays Hours
6. PLACE OF DE	ATH (Name of F	lospital/Clinic/Institution/House No., St., I	Barangay, City	//Municipality	Province)	7. CIVIL STATUS	
•	LIPTONG	VALENCIA (LUZURR	IAGA) NE	GROS OF	RIENTAL	Widower/Annuli MARRIED	ed/Divorced)
8. RELIGION/REL	JGIOUS SECT	9. CITIZENSHIP				Berangey, City/Munic	
BAPTIST	ı	AMERICAN	LIPTON	G, VALENC	A (LUZURRI	IAGA), NEGROS OFI	ENTAL, PHILIP
11. OCCUPATION	NO FORCE !	2. NAME OF FATHER (First, Middle, La	st)	1		ME OF MOTHER (Fire	t, Middle, Last)
THE THE DOOR	III ONOL	ROBERT LEE UTZ	,		HARLOTT	re huling	
		MEDICAL (For ages 0 to 7 days, accord	nplish item	is 14-19a	at the bac	k)	
		feceased is aged 8 days and over)				nterval Between Or	set and Deat
I. Immediate		Me Sudden channe besith		/-			
Anteceden Underlying		), <u></u>		مىلىنىدىنىكىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىلىل	_	1	<u> </u>
		contributing to death:		=			
		he deceased is female aged 15-49 years		<	- مدر	1	a N
	n labour	labour delive	han 42 days ry	after	d. 42 da delive	nys to 1 year after_ ery	choice
	EXTERNAL CAUS	ES e, Sulcidé, Accident, Legal interver	ntion, etc.)	- 1	V.	/	20. AUTO
	•	ternal Cause (e.g. home, farm, facto	7%		<u> </u>		Z N
21a.ATTENDAN	T 2 Public			DOA	1/2	21b, if altended, stat	e duration (m
1 Private —— Physicia	Health	3 Hospital		Others (Specify)-	. [	From	То
25. NAME AND A ADFELLOW/N 26. CERTIFICATI I heret to my own k Signature	MUNICIPAL VALENCIA, I POSAL , if others, specify) DDRESS OF CEN MASONRY CEI ONOF INFORMAT by certify that all informedge and beliance of the company of the	Date Issued     Date Issued       Date Issued	ADA 89043  27. PRE  Signate  Name  Titte or	J, U S A PARED BY ure position	246 TR/ 246 TR/ Number Date.iss	N B. VINCOY  L CIVIL REGIST	O EULLARA Health Officer
28. RECEIVED B	Y m	, ,			()	L REGISTRAR	- spenties
Signature Name in Print _	MARY ANN B	, VINCOY	-	n Print M		B. VINCOY	
Title or Position		CIVIL REGISTRAR				L CIVIL REGISTI	RAR
	JULY 25, 202		Date		25	JUL 2022	
Date							
Date	NNOTATIONS	(For LCRO/OCRG Use Only	,				

08264-GD-429ROD-00278-DI001

BEST POSSIBLE IMAGE



Documentary Stamp Tax Paid

