

A.P.N. No.:	013-042-05
Escrow No.:	86062
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
Kristine Linebarger	
2820 Marcia Ave.	
Las Vegas, NV 89101	



OFFICIAL RECORD
AMY ELMER, RECORDER

(for recorders use only)

AFFIDAVIT DEATH OF JOINT TENANT
(Title of Document)

Please complete Affirmation Statement below:

XX I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 40.525
(State specific law)

DR Rice

Signature

Escrow Agent

Title

DR. Rice

Print Signature

A.P.N. 013-042-05
R.P.T.T. \$0.00
Escrow No. 86062
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Kristine Linebarger
2820 Marcia Ave.
Las Vegas, NV 89101

AFFIDAVIT DEATH OF JOINT TENANT

KRISTINE LINEBARGER, of legal age, being first duly sworn, deposes and says: That DALE RAY LINEBARGER, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as named as one of the parties in that certain Quitclaim Deed dated December 15, 2012, executed by Dora Lou Hafen, a widowed woman to Keith A. Hafen and Dianna Hafen, husband and wife, as joint tenants, Kristine Linebarger and Dale Ray Linebarger, husband and wife as joint tenants, Jearld L Hafen and Dinah W Hafen, Husband and wife as joint tenants, Althea Owens and Ray Owens, Husband and wife as joint tenants, and Steven L Hafen and Terry Hafen, Husband and wife as joint tenants. To be held in equal shares, recorded March 05, 2013 as File No. 0142794, Lincoln County, Nevada records, covering the following described property situated in Lincoln County, State of Nevada:

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

Situate in the North Half (N1/2) of Section 3, Township 3 South, Range 67 East, M.D.B. & M., described as follows:

All of lot 38 and the North Half (N1/2) of Lot 59 of HIGHLAND KNOLLS SUBDIVISION as shown on the Official Map thereof recorded August 9, 1972 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 100 as File No. 51895, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2022-2023: 013-042-05

Dated: February 8, 2023

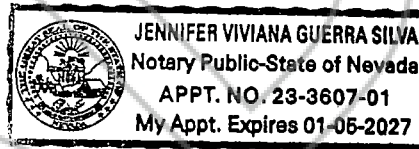
Kristine Linebarger
KRISTINE LINEBARGER

State of Nevada }

County of Clark)

This instrument was acknowledged before me on 02/15/23
By: KRISTINE LINEBARGER

Signature: Jenny
Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4225593

2021017188
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

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

PARENTS

Cremation

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) Dale Ray LINEBARGER		2. DATE OF DEATH (Mo/Day/Year) July 20, 2021		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION: Name (If not either, give street and number) 2820 Marcia Ave		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 77		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS	
8. DATE OF BIRTH (Mo/Day/Yr) August 01, 1943		9a. STATE OF BIRTH (If not US/CA name country) Arizona		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION ts		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Kristine HAFEN	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Chief Engineer		14b. KIND OF BUSINESS OR INDUSTRY HOTEL/CASINO	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION Las Vegas	
15d. STREET AND NUMBER 2820 Marcia Ave		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Dale Wilford LINEBARGER			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Jessie Ray BAKER		
18a. INFORMANT-NAME (Type or Print) Kristine LINEBARGER		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 2820 Marcia Ave Las Vegas, Nevada 89101			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Palm Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MARIELLE J LANDRY SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD886		20c. NAME AND ADDRESS OF FACILITY Affordable Cremation and Burial Services 2127 W Charleston Blvd Las Vegas NV 89102	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) BRIAN DEL ROSARIO APRN SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) July 24, 2021		21c. HOUR OF DEATH 18:10		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)	
22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		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) Brian Del Rosario APRN - 4141 University Center Dr Las Vegas, NV 89119			
23b. LICENSE NUMBER APRN822100		24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 26, 2021		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))		Interval between onset and death			
PART I (a) Metastatic Renal and Lung Cancer		Interval between onset and death			
(b) Unknown Etiology		Interval between onset and death			
(c) 		Interval between onset and death			
(d) 		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. Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Agent Orange Exposure		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	

Information Corrected, State Affidavit# 73654, 09/15/2021 - 25a-25b

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

SIGNATURE AUTHENTICATED

Registrar of Vital Statistics

By: *Susan Zanner*

DATE ISSUED: 9/30/2021

This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-015173

