

LINCOLN COUNTY, NV

2023-163787

Rec:\$37.00

Total:\$37.00

03/06/2023 04:39 PM

DOROTHY HARJU

Pgs=4 KC

003-191-04

RECORDING REQUESTED BY:

Dorothy Harju

WHEN RECORDED, MAIL TO  
AND MAIL TAX STATEMENTS TO:

Dorothy Harju  
PO Box 67  
Caliente, NV 89008



OFFICIAL RECORD  
AMY ELMER, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

## AFFIDAVIT--DEATH OF JOINT TENANTS

STATE OF NEVADA

)

) ss.

COUNTY OF LINCOLN

)

DOROTHY HARJU, of legal age, being first sworn, deposes and says:

That MARVIN ARNOLD HARJU, the decedent mentioned in the attached certified copies of Certificate of Death, is the same person as MARVIN HARJU, named as the parties in that certain Deed, dated November 26, 1996, executed by ANN M. FISCHER, TRUSTEE OF THE MOONEY-ALAMO TRUST DATED FEBRUARY 27, 1995 to MARVIN HARJU and DOROTHY HARJU as Joint Tenants, and recorded on December 17, 1996 in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 106625 of Official Records, relating to the real property located in said County and more particularly described in Exhibit "A" (attached hereto and incorporated herein by reference).

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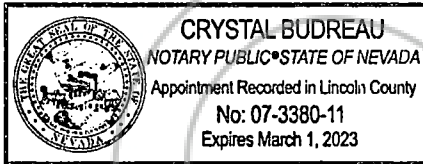
Executed on Feb 17<sup>th</sup>, 2023, in Lincoln County, Nevada. I certify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

*Dorothy Harju*  
**DOROTHY HARJU**

STATE OF NEVADA )  
COUNTY OF Lincoln ) ss.

SUBSCRIBED AND SWORN TO (or affirmed) before me on Feb 17<sup>th</sup>, 2023, by DOROTHY HARJU proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

*Crystal Budreau*  
NOTARY PUBLIC



# **EXHIBIT A**

LOTS 15 AND 17, BLOCK A, OF DENTON HEIGHTS SUBDIVISION, ACCORDING TO THE OFFICAL MAP THEREOF, FILED IN THE OFFICE OF THE COUNTY RECORDER OF LINCOLN COUNTY ON SEPTEMBER 4, 1906, AS FILE NO. 926.

and more commonly known as 220 Denton Heights, Caliente, NV 89008.

TAX PARCEL NUMBER: 003-191-04

COPY

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

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

CASE FILE NO: 4175480

**CERTIFICATE OF DEATH**

2020024203  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) <b>Marvin Arnold HARJU</b>		2. DATE OF DEATH (Mo/Day/Year) <b>October 28, 2020</b>		3a. COUNTY OF DEATH <b>Lincoln</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street address number) <b>220 Denton Heights</b>		3e. If Hosp. or Inst. indicate DOA,OP/Emér. Rm. Inpatient(Specify) <b>Home</b>	
	4. SEX <b>Male</b>		7a. AGE-Last birthday (Years) <b>86</b>		7b. UNDER 1 YEAR <b>MOS DAYS</b>	
	5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify <b>No -Non-Hispanic</b>		7c. UNDER 1 DAY <b>HOURS MINS</b>	
DECEDENT	8. DATE OF BIRTH (Mo/Day/Yr) <b>January 28, 1934</b>		9a. STATE OF BIRTH (If not US/CA, name country) <b>Minnesota</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>8</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Dorothy ANN RICHARDS</b>	
	13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>LABORER</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	15a. RESIDENCE- STATE <b>Nevada</b>		15b. COUNTY <b>Lincoln</b>		15c. CITY, TOWN OR LOCATION <b>Caliente</b>	
	15d. STREET AND NUMBER <b>220 Denton Heights</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
PARENTS	16. FATHER/PARENT - NAME (First, Middle, Last Suffix) <b>Arnold Nickoles HARJU</b>			17. MOTHER/PARENT - NAME (First, Middle, Last Suffix) <b>Fanny MAKINEN</b>		
	18a. INFORMANT-NAME (Type or Print) <b>Dorothy Ann HARJU</b>			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>PO Box 67 Caliente, Nevada 89008</b>		
DISPOSITION	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Removal/Cremation</b>		19b. CEMETERY OR CREMATORY -NAME <b>Southern Utah Crematory</b>		19c. LOCATION City or Town State <b>Cedar City Utah 84720</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TODD BOYER</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD807</b>		20c. NAME AND ADDRESS OF FACILITY <b>Southern Nevada Mortuary 730 Front Street Caliente, NV 89008</b>	
TRADE CALL	TRADE CALL -NAME AND ADDRESS					
CERTIFIER	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>RYAN C LLOYD</b> 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) <b>October 29, 2020</b>		21c. HOUR OF DEATH <b>13:54</b>		22b. DATE SIGNED (Mo/Day/Yr) <b>October 29, 2020</b>	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)			22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>October 28, 2020</b>		22e. PRONOUNCED DEAD AT (Hour) <b>13:54</b>
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Ryan C Lloyd PO Box 570 Pioche, NV 89043</b>			23b. LICENSE NUMBER		
REGISTRAR	24a. REGISTRAR (Signature) <b>WESLEY T STOREY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 04, 2020</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
CAUSE OF DEATH	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					Interval between onset and death
	PART I (a) <b>Acute Respiratory Failure</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
	(b) <b>Chronic Hypoxic Respiratory Failure</b>					Interval between onset and death
	DUE TO, OR AS A CONSEQUENCE OF:					Interval between onset and death
(c) <b>Chronic Obstructive Pulmonary Disease</b>					Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:					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 1.					26. AUTOPSY (Specify Yes or No) <b>No</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		

000840784



**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:

*STATE REGISTRAR*

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

