

LINCOLN COUNTY, NV

2023-163788

Rec:\$37.00

Total:\$37.00

03/06/2023 04:40 PM

DOROTHY HARJU

Pgs=4 KC

013-160-17, 013-160-18, 013-160-19, 013-160-20

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 March 21, 1997 and March 22, 1997, executed by LORRAINE CARMOSINO and JOE N. FREELAND to MARVIN HARJU and DOROTHY HARJU as Joint Tenants, and recorded on March 31, 1997 in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 108718 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. 17th, 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)
) ss.
COUNTY OF Lincoln)

SUBSCRIBED AND SWORN TO (or affirmed) before me on Feb. 17th, 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

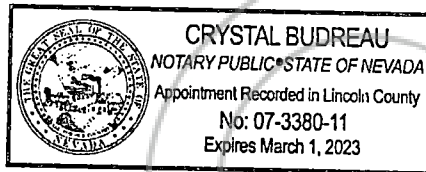


EXHIBIT A

Being a portion of the Northwest Quarter (NW 1/4) of the Southwest Quarter (SW 1/4) of Section 11, Township 3 South, Range 67 East, M.D.B. & M., more particularly described as follows:

Parcels One (1), Two (2) and Three (3) of that certain Parcel Map recorded Aprils 23, 1993 in the Office of the County Recorder of Lincoln County, Nevada, in Book A of Plats, Page 385 as File No. 100308, Lincoln County, Nevada Records, **AND** Parcel four (4) of that certain Parcel Map recorded August 30, 1990 in the Office of the County Recorder of Lincoln County, Nevada, in Book A of Plats, Page 319 as File No. 94852, Lincoln County, Nevada Records.

TAX PARCEL NUMBER: 013-160-17, 013-160-18, 013-160-19, 013-160-20

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

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) Marvin Arnold HARJU		2. DATE OF DEATH (Mo/Day/Year) October 28, 2020		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street address number) 220 Denton Heights		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) 86		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) January 28, 1934		9a. STATE OF BIRTH (If not, US/CA name country) Minnesota		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 8		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Dorothy ANN RICHARDS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
LABORER		CONSTRUCTION		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN, OR LOCATION Caliente	
15d. STREET AND NUMBER 220 Denton Heights		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Arnold Nickoles HARJU	
17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Fanny MAKINEN		18a. INFORMANT - NAME (Type, or Print) Dorothy Ann HARJU		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) PO Box 67 Caliente, Nevada 89008	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) TODD BOYER		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RYAN C LLOYD		21b. DATE SIGNED (Mo/Day/Yr) October 29, 2020		21c. HOUR OF DEATH 13:54	
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) RYAN C LLOYD		22b. DATE SIGNED (Mo/Day/Yr) October 29, 2020	
22c. HOUR OF DEATH 13:54		22d. PRONOUNCED DEAD (Mo/Day/Yr) October 28, 2020		22e. PRONOUNCED DEAD AT (Hour) 13:54	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Ryan C Lloyd PO Box 570 Pioche NV 89043		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) WESLEY T STOREY	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 04, 2020		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) Acute Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (b) Chronic Hypoxic Respiratory Failure DUE TO, OR AS A CONSEQUENCE OF: (c) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (d)	
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	

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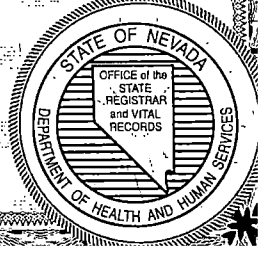
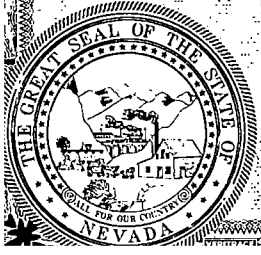


CERTIFIED COPY OF VITAL RECORDS

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:

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



[Signature]
STATE REGISTRAR