

A.P.N. No.:	010-182-06
Escrow No.:	86057
Recording Requested By:	
Cow County Title Co.	
When Recorded Mail To:	
Matthew Moonin	
8405 Starstruck Avenue	
Las Vegas, NV 89143	

LINCOLN COUNTY, NV **2023-163933**
 Rec:\$37.00
 Total:\$37.00 **03/14/2023 02:45 PM**
 COW COUNTY TITLE CO Pgs=4 AK



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 person or persons as required by law: NRS 40.525
 (State specific law)

DR Rice
 Signature

Escrow Agent
 Title

DR Rice
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

This cover page must be typed or printed in black ink.

(Additional recording fee applies)

A.P.N. 010-182-06
R.P.T.T. \$0.00
Escrow No. 86057
Recording Requested By:
Cow County Title Co.
Mail Tax Statements To:
Same as below
When Recorded Mail To:
Matthew Moonin
8405 Starstruck Avenue
Las Vegas, NV 89143

AFFIDAVIT DEATH OF JOINT TENANT

MATTHEW MOONIN, of legal age, being first duly sworn, deposes and says: That INEZ MARIE BILLINGS MOONIN, 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 Grant, Bargain, Sale Deed dated July 21, 2000, executed by Robert A. Nurmi and Marylee Nurmi, Trustees of the Nurmi Family Trust, to Steven Howard Moonin and Inez B. Moonin, husband and wife as joint tenants with right of survivorship, recorded July 27, 2000 in Book 149, page 398 - 399 as File No. 114890, 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:

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

A portion of the Southwest Quarter (SW1/4) of Section 36, Township 3 South, Range 55 East, M.D.B. & M., more particularly described as follows:

Lot 27 of SUNSET ACRES, TRACT NO. 2 as shown on the Subdivision Map thereof recorded January 10, 1985 in the Office of the County Recorder of Lincoln County, Nevada in Book A of Plats, page 239 as File No. 81809, Lincoln County, Nevada records.

ASSESSOR'S PARCEL NUMBER FOR 2022 - 2023: 010-182-06

Dated: January 31, 2023

Matthew Moonin
MATTHEW MOONIN

State of Nevada }

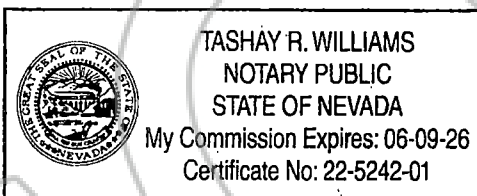
County of: Clark }

This instrument was acknowledged before me on 2-6-2023

By: MATTHEW MOONIN, Executor of the estate of Steven H. Moonin

Signature: *Tashay Williams*

Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4009350

CERTIFICATE OF DEATH

2018006375

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) Inez Marie Billings		MOONIN		2. DATE OF DEATH (Mo/Day/Year) March 14, 2018		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Rachel		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and No - Non-Hispanic) 5620 Groom Ave.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS	
7c. UNDER 1 DAY		8. DATE OF BIRTH (Mo/Day/Yr) December 13, 1936		9a. STATE OF BIRTH (If not US/CA, name country) Maine		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Steven Howard MOONIN			
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Medical		Ever in US Armed Forces? Yes	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Rachel		15d. STREET AND NUMBER 5620 Groom Ave.	
15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Eugene BILLINGS		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Melissa Edna EATON			
18a. INFORMANT - NAME (Type or Print) Steven Howard MOONIN		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) HC 61 Box 43 Rachel Nevada 89001					
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/State		19b. CEMETERY OR CREMATORY - NAME Howard Hill Cemetery		19c. LOCATION City or Town State Little Deer Isle Maine 04627			
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MATTHEW RICHARD HOYLE		20b. FUNERAL DIRECTOR LICENSE NUMBER FD912		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) ROY WALCH				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) ROY WALCH			
21b. DATE SIGNED (Mo/Day/Yr) March 16, 2018		21c. HOUR OF DEATH 13:40		22b. DATE SIGNED (Mo/Day/Yr) March 14, 2018		22c. HOUR OF DEATH 13:40	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22d. PRONOUNCED DEAD (Mo/Day/Yr) March 14, 2018			
22e. PRONOUNCED DEAD AT (Hour) 13:40				23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Roy Walch 1050 SR 322 Ploche NV 89043			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) MELISSA KNIGHT		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 19, 2018		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24d. REGISTRAR (Signature) MELISSA KNIGHT		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Myocardial Infarction (b) Congestive Heart Failure (c) Renal Failure (d) Diabetes					
Interval between onset and death 5 Minutes						Interval between onset and death	
Interval between onset and death						Interval between onset and death	
Interval between onset and death						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. Advanced Age And Obesity						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

000715050



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:

APR 03 2018

Julie Katchear
STATE REGISTRAR

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

VRS-Rev-20120523a

