

APN: 002-132-01

RECORDING REQUESTED BY:

SHERRY LEE BOEHME

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Sherry Lee Boehme
PO Box 254
Panaca, NV 89042



OFFICIAL RECORD
AMY ELMER, RECORDER

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)

) ss.

COUNTY OF LINCOLN)

SHERRY LEE BOEHME, of legal age, being first sworn, deposes and says:

That DAVID ROSS BOEHME, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as David Ross Boehme, named as one of the parties in that certain Deed, dated December 12, 2003 executed by Beacon Group, a Utah Limited Partnership who acquired title as Beacon Group, a Partnership to David R. Boehme and Sherry Boehme, as Joint Tenants, and recorded on January 7, 2004 in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 121604 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).

Executed on July 6th, 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.

Sherry Boehme
SHERRY LEE BOEHME

STATE OF NEVADA
COUNTY OF LINCOLN

)
) ss.
)

SUBSCRIBED AND SWORN TO (or affirmed) before me
on 6th July, 2023, by SHERRY BOEHME,
proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.

Crystal Budreau
NOTARY PUBLIC



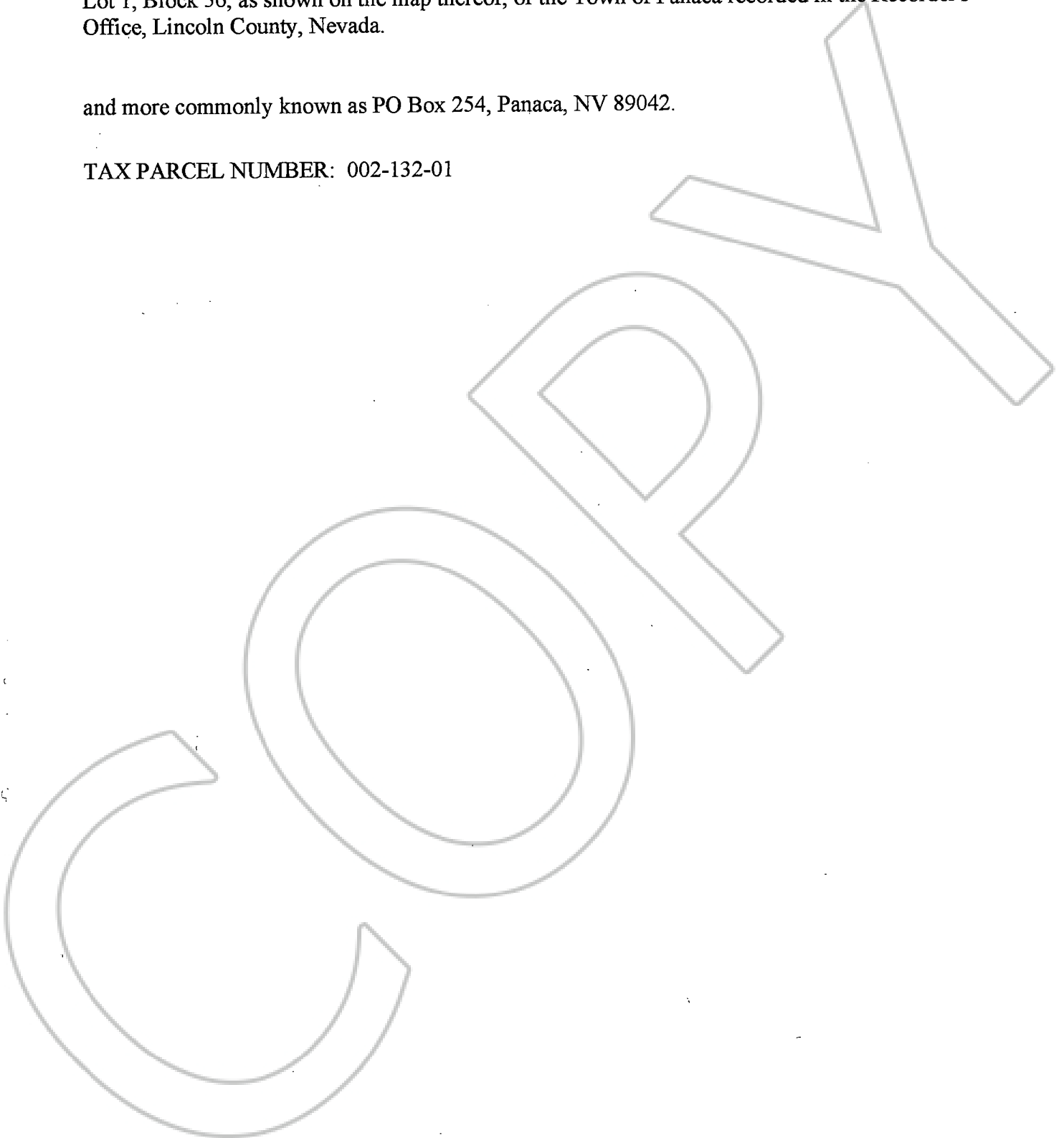
COPY

EXHIBIT A

Lot 1, Block 56, as shown on the map thereof, of the Town of Panaca recorded in the Recorder's Office, Lincoln County, Nevada.

and more commonly known as PO Box 254, Panaca, NV 89042.

TAX PARCEL NUMBER: 002-132-01



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4352005

CERTIFICATE OF DEATH

2023012243
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) David Ross BOEHME		2. DATE OF DEATH (Mo/Day/Year) May 29, 2023		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) Grover C Dils Medical Center		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) Inpatient	
4. SEX Male		5. RACE (Specify) White		6. Hispanic Origin? Specify No-Non-Hispanic	
7a. AGE-Last birthday (Years) 83		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) October 03, 1939		9a. STATE OF BIRTH (If not US/CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 13		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Sherry Lee PERKINS	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done) During Most of CARPENTER		14b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 102 North 6th Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) David George BOEHME			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Bertha Lindsay PARKER		
18a. INFORMANT - NAME (Type or Print) Sherry Lee BOEHME		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) PO Box 254 Panaca, Nevada 89042			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) 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) BODIE L TOPHAM		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
TRADE CALL - NAME AND ADDRESS- Southern Utah Crematory, 190 N. 300.W., Cedar City, UT 84720					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) DAVID A DALTON DO			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) June 05, 2023		21c. HOUR OF DEATH 12:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) David A Dalton DO, 700 North Spring Street Caliente, NV 89008				23b. LICENSE NUMBER DO2594	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 05, 2023		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					
PART I					
(a) Combined Hypoxic And Hypercapnic Respiratory Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Chronic obstructive pulmonary disease				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Smoking And Environmental Exposure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) Unknown				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				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	



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: **6/13/2023**

Cody D. Higgins
STATE REGISTRAR

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

