



00012936202301658860040041

OFFICIAL RECORD
AMY ELMER, RECORDER

E10

APN: 002-233-13

R.P.T.T.: \$0.00

Exempt: (NRS 375.090, Section 10)

This Document Prepared By:

FRANKLIN KATSCHKE

Attorney at Law

820 North Spring Street, Suite A

PO Box 703

Caliente, Nevada 89008

7757263162

After Recording, Mail To:

FRANK ALLEN ROMANS

7126 Silver Perch Ave.

Las Vegas, NV 89123

DEATH OF GRANTOR AFFIDAVIT

(§111.699, Nevada Revised Statutes)

I, FRANK ALLEN ROMANS, being duly sworn, deposes and says that GWENITH B. ROMANS, the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as GWENITH B. ROMANS, named as the grantors or as one of the grantors in the deed upon death recorded on May 11, 2012, as document or file number 0141165, book 271, at page 317, records of Lincoln County Nevada, covering the real property located in the County of Lincoln, State of Nevada, and more particularly described as follows:

Lots 7 and 8, of North Hills Subdivision First Phase, according to the official map thereof, filed in the office of the County Recorder of Lincoln County of February 28, 1980, as File No. 27636.

Dated this 12 day of AUG, 2023.

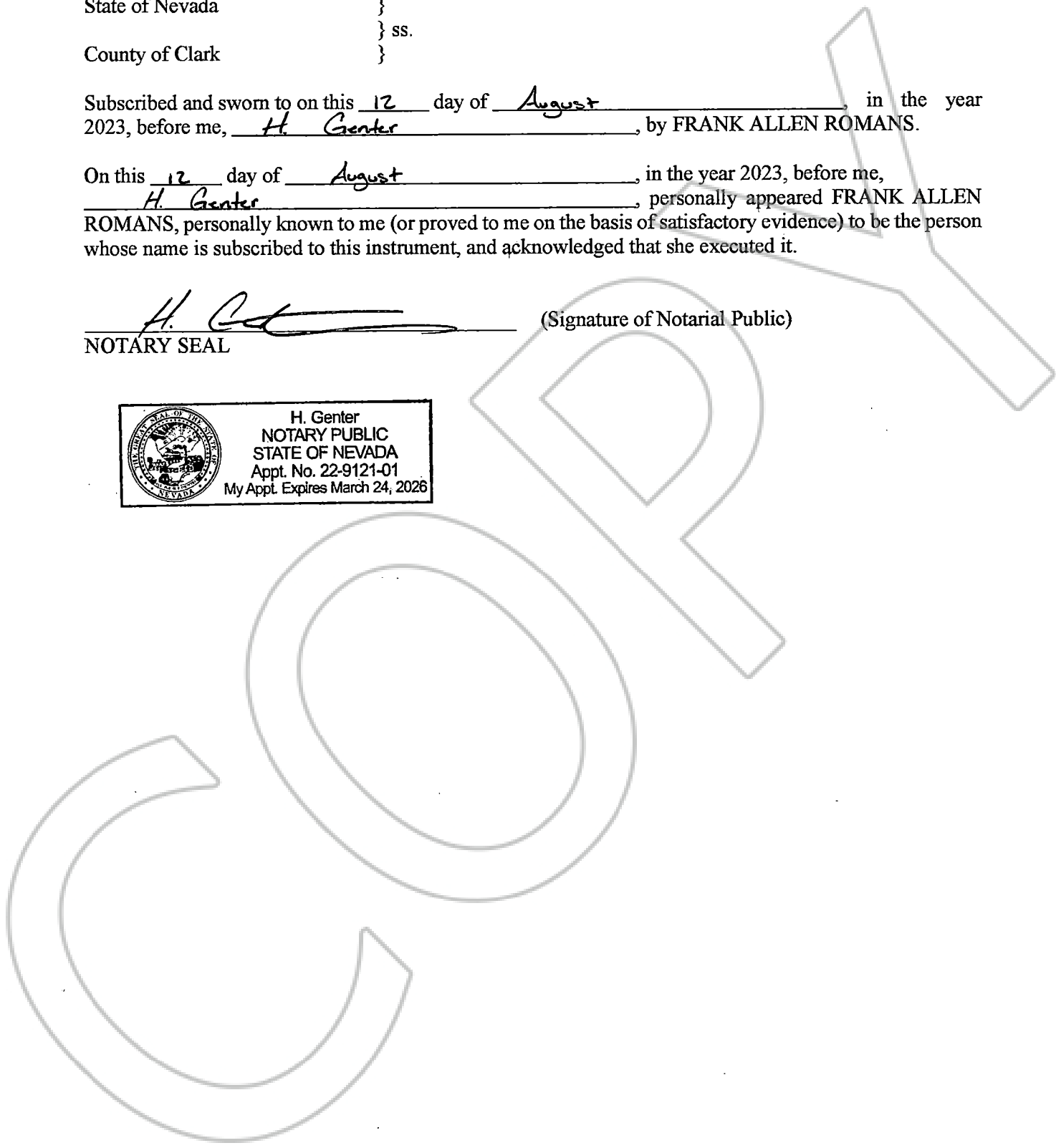
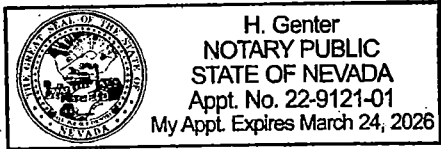

FRANK ALLEN ROMANS

State of Nevada }
 } ss.
County of Clark }

Subscribed and sworn to on this 12 day of August, in the year 2023, before me, H. Genter, by FRANK ALLEN ROMANS.

On this 12 day of August, in the year 2023, before me, H. Genter, personally appeared FRANK ALLEN ROMANS, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that she executed it.

H. Genter (Signature of Notarial Public)
NOTARY SEAL



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4347211

CERTIFICATE OF DEATH

2023010677
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) Gwenith B ROMANS		2. DATE OF DEATH (Mo/Day/Year) April 27, 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.: Emergency Room / Outpatient	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 87		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 24, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Utah		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY: OWN HOME	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Panaca	
15d. STREET AND NUMBER 1333 Ernst Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT -NAME (First Middle Last Suffix) Franklin A BRINKERHOFF			17. MOTHER/PARENT -NAME (First Middle Last Suffix) Portia CARLING		
18a. INFORMANT -NAME (Type or Print) Frank A.ROMANS			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1270 Silver Perch Ave Las Vegas, Nevada 89123		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Panaca Cemetery		19c. LOCATION City or Town State Panaca Nevada 89042	
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. 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) 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) DATHAN P LEWIS		
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) May 16, 2023	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 19:20	
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr) April 27, 2023	
21h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21i. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22e. PRONOUNCED DEAD AT (Hour) 19:20	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Dathan P Lewis PO Box 570 Pioche, NV 89043				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) MARLI MORAIGNE REINHEIMER		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) May 16, 2023		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				Interval between onset and death.	
(a) Acetaminophen Toxicity				Interval between onset and death	
(b) Benadryl Toxicity				Interval between onset and death	
(c) Depression				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) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes					
28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) Suicide		28b. DATE OF INJURY (Mo/Day/Yr) April 27, 2023		28c. HOUR OF INJURY 1450	
28d. DESCRIBE HOW INJURY OCCURRED Intentional Overdose With Tylenol And Benadryl Gel Caps					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify) NOT APPLICABLE		28g. LOCATION 700 N Spring St	
STREET OR R.F.D. No.		CITY OR TOWN Caliente		STATE Nevada	

030997357



CERTIFIED COPY OF VITAL RECORDS

Dathan P Lewis

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.

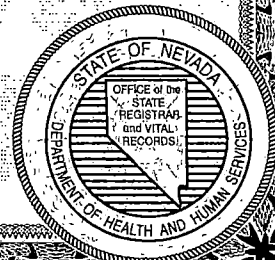
5/23/2023

DATE ISSUED:

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



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)

- a) 002-233-13
- b) _____
- c) _____
- d) _____

2. Type of Property:

- a) Vacant Land
- b) Single Fam. Res.
- c) Condo/Twnhse
- d) 2-4 Plex
- e) Apt. Bldg
- f) Comm'l/Ind'l
- g) Agricultural
- h) Mobile Home
- Other _____

FOR RECORDER'S OPTIONAL USE ONLY

Book: _____ Page: _____
Date of Recording: _____
Notes: _____

3. Total Value/Sales Price of Property

Deed in Lieu of Foreclosure Only (value of property) \$ 0
Transfer Tax Value: \$ 0
Real Property Transfer Tax Due \$ 0

4. If Exemption Claimed:

- a. Transfer Tax Exemption per NRS 375.090, Section 10
- b. Explain Reason for Exemption: TRANSFER USING DEED UPON DEATH

5. Partial Interest: Percentage being transferred: 100 %

The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity ATTORNEY

Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)

Print Name: GWENITH B. ROMANS
Address: 7126 SILVER PERCH
City: LAS VEGAS
State: NV Zip: 89123

BUYER (GRANTEE) INFORMATION
(REQUIRED)

Print Name: FRANK ALLEN ROMANS
Address: 7126 SILVER PERCH
City: LAS VEGAS
State: NV Zip: 89123

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)

Print Name: KATSCHKE LAW, LLC Escrow #: _____
Address: POX BOX 703
City: CALIENTE State: NV Zip: 89008