



OFFICIAL RECORD
AMY ELMER, RECORDER

APN: 003-098-07

RECORDING REQUESTED BY:

Osrice Ian Osborn

WHEN RECORDED, MAIL TO
AND MAIL TAX STATEMENTS TO:

Osrice Ian Osborn
5264 Silverheart Ave.
Las Vegas, NV 89142

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

AFFIDAVIT--DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

OSRIC IAN OSBORN, of legal age, being first sworn, deposes and says:

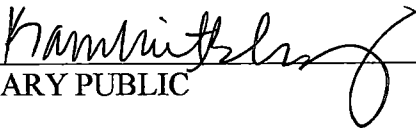
That TINA LAROSA OSBORN, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as TINA OSBORN, named as one of the parties in that certain Deed, dated March 1, 2003 executed by Tina Osborn to Osrice Ian Osborn and Tina Osborn, as Joint Tenants, and recorded on March 1, 2023 in the Office of the Recorder of the County of Lincoln, State of Nevada, as Document No. 163772 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).

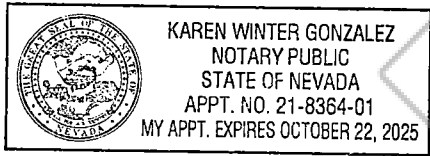
Executed on 14th August, 2023, in Clark County, Nevada. I certify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing is true and correct.

[Signature]
OSRIC IAN OSBORN

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

SUBSCRIBED AND SWORN TO (or affirmed) before me
on August 14th, 2023, by OSRIC IAN
OSBORN, proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.


NOTARY PUBLIC



COOPER

EXHIBIT A

Lots Seven (7), Eight (8) and the West Half (W1/2) of Lot Nine (9), in Block Thirty Eight (38) of The Thos. E. Dixon addition to Caliente Town dated August 12, 1936 of File in the Office of the County Recorder of Lincoln County, Nevada.

and more commonly known as 590 Front Street, Caliente, NV 89008

TAX PARCEL NUMBER: 003-098-07



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4343430

CERTIFICATE OF DEATH

2023007640
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) Tina LaRosa OSBORN		2. DATE OF DEATH (Mo/Day/Year) April 08, 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 Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No- Non-Hispanic	
7a. AGE-Last birthday (Years) 64		7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) July 12, 1958		9a. STATE OF BIRTH (If not US/CA, name country) California		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		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 Store Manager		14b. KIND OF BUSINESS OR INDUSTRY RETAIL	
15a. RESIDENCE- STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
15d. STREET AND NUMBER 160 Conaway St. ##A		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT- NAME (First Middle Last Suffix) Clarence Henry COGGINS			17. MOTHER/PARENT- NAME (First Middle Last Suffix) Sara Ellen DAVIS		
18a. INFORMANT- NAME (Type or Print) Osric Ian OSBORN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 5264 Silverheart Ave Las Vegas, Nevada 89142			
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) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD807		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) DAVID A DALTON DO 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) April 11, 2023		21c. HOUR OF DEATH 01:15		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		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 SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) April 11, 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) Metastatic Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF: (b) _____ DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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		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) 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	

00000000553



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.

4/17/2023

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

