

LINCOLN COUNTY, NV

2023-166096

\$37.00

Rec:\$37.00

10/25/2023 12:03 PM

MESQUITE TITLE COMPANY

Pgs=3 AE

OFFICIAL RECORD

AMY ELMER, RECORDER

Parcel No. 013-170-43
RECORDING REQUESTED BY:
Mesquite Title Company

MAIL DOCUMENT & TAX STATEMENT TO:
Barbara J. Cooper
P.O BOX 2432
Overton, Nevada

Order No. 20274

This area reserved for County Recorder

AFFIDAVIT - DEATH

Barbara J. Cooper, of legal age, being first duly sworn, deposes and says: That Jerry M Cooper, the decedent mentioned in the attached Certificate of Death is one and the same party named as one of the joint tenant Grantees in that certain document recorded on 07/01/2015 by **David J Barnett, sole Tenant as an unmarried man to Barbara J. Cooper and Jerry Cooper, husband and wife as community property with right of Survivorship**, recorded as Doc No. 0147923, of Official Records of Lincoln County, Nevada, covering the following described property:


See Attached Exhibit "A" Legal Description

Dated: 24 day of October, 2023

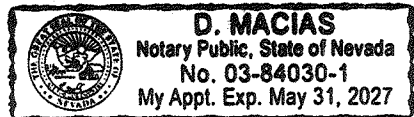

Barbara J. Cooper

STATE OF Nevada)
)
) :ss.
)
COUNTY OF Clark)

On the 24 day of October, 2023, personally appeared before me, Barbara J. Cooper, the signer of the within instrument who duly acknowledged to me that he/she executed the same.


NOTARY PUBLIC

My Commission Expires: 5-31-27



Escrow No: 20274

EXHIBIT "A"
Legal Description

That certain real property situated in Lincoln County, Nevada, described as follows:

Parcel Four (4) shown by parcel map for Stephanie Elaine Barnett recorded June 11, 2004 as Doc. No. 122484, filed in Book "C" of Maps, Page 52 in the office of the County Recorder, Lincoln County, Nevada;

EXCEPTING THEREFROM any portion lying within ROSE STREET as the same now exists;

EXCEPTING THEREFROM any Manufactured/Mobile Home located thereon not "affixed" according to the Nevada Revised Statute(s) and assessed as Real Property.



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4086605

2019011475
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

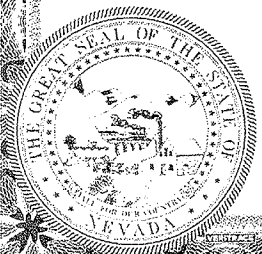
1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Jerry M COOPER			2. DATE OF DEATH (Mo/Day/Year) June 04, 2019		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Overton		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and 1110 Airport Rd.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient(Specify) Ambulance		4. SEX Male
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic	7a. AGE-Last birthday (Years) 63	7b. UNDER 1 YEAR MOS DAYS 63	7c. UNDER 1 DAY HOURS MINS 63	8. DATE OF BIRTH (Mo/Day/Yr) September 14, 1955
9a. STATE OF BIRTH (If not US/CA, name country) California		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) Barbara BALLOW
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of MINER		14b. KIND OF BUSINESS OR INDUSTRY MINING		Ever in US Armed Forces? No
15a. RESIDENCE - STATE Nevada	15b. COUNTY Clark	15c. CITY, TOWN OR LOCATION Overton		15d. STREET AND NUMBER 1655 N Whitmore St. #2432		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes
16. FATHER/PARENT - NAME (First Middle Last Suffix) George Milton COOPER				17. MOTHER/PARENT - NAME (First Middle Last Suffix) Erma EPPERSON		
18a. INFORMANT- NAME (Type or Print) Barbara COOPER			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1655 N Whitmore St. #2432 Overton, Nevada 89040			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Mcdermott's Funeral & Cremation Service		19c. LOCATION City or Town State Las Vegas Nevada 89102		
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CHRISTOPHER GRANT SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD920	20c. NAME AND ADDRESS OF FACILITY McDermott's Funeral & Cremation Service 2121 Western Ave A-3 Las Vegas NV 89102			
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) CHIARA A MANCINI 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) CHIARA A MANCINI DO SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr) June 11, 2019		21c. HOUR OF DEATH 04:23		22b. DATE SIGNED (Mo/Day/Yr) June 11, 2019		22c. HOUR OF DEATH 04:23
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Chiara A Mancini DO 1704 Pinto Lane Las Vegas, NV 89106						22d. PRONOUNCED DEAD (Mo/Day/Yr) June 04, 2019
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Chiara A Mancini DO 1704 Pinto Lane Las Vegas, NV 89106						23b. LICENSE NUMBER DO2430
24a. REGISTRAR (Signature) NANCY BARRY SIGNATURE AUTHENTICATED			24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 12, 2019		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) Hypertensive And Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF:						Interval between onset and death
(d) DUE TO, OR AS A CONSEQUENCE OF:						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. Chronic Obstructive Pulmonary Disease (COPD)						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

LOCAL REGISTRAR

VRS-Rev-20120523a

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

DATE ISSUED: **JUN 18 2019** Registrar of Vital Statistics
By: *[Signature]*
This Copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89102 • 702-759-1010 • Tax ID # 88 0151573



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE