

LINCOLN COUNTY, NV

2023-166374

\$37.00

Rec:\$37.00

12/28/2023 02:31 PM

BARNEY MCKENNA & OLMSTEAD, P.C.

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OFFICIAL RECORD

AMY ELMER, RECORDER

WHEN RECORDED MAIL TO:

Jeffery J. McKenna, Esq.
BARNEY MCKENNA & OLMSTEAD, P.C.
P. O. Box 2910
St. George, UT 84771-2710

MAIL TAX STATEMENTS TO:

Nancy L. Beer
P.O. Box 542
Caliente, NV 89008

A.P.N. 003-142-11

AFFIDAVIT OF SURVIVING JOINT TENANT

RE: DEATH OF JOINT TENANT

STATE OF UTAH)

)ss.

COUNTY OF WASHINGTON)

Nancy L. Beer, surviving joint tenant, of legal age, being first duly sworn, declares as follows:

That George L. Beer a/k/a George Louis Beer the decedent mentioned in the attached certified copy of Certificate of Death, who died September 28, 2021, is the same person as George L. Beer, named as one of the parties in that certain Warranty Deed recorded on January 22, 1970 as instrument number 48735, executed by Loraine Decker Adams and Karmah Adams, his wife, to George L. Beer and Nancy L. Beer, husband and wife, as Joint Tenants, covering the following described property situated in the County of Lincoln, State of Nevada:

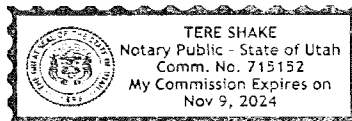
All of Lot 6 in Block "B" of the West End Addition to the City of Caliente, County of Lincoln, State of Nevada.
EXCEPT the East 7 feet thereof.
SUBJECT to recorded rights of way;

Dated: December 18, 2023

Nancy L. Beer
NANCY L. BEER, Affiant

SUBSCRIBED AND SWORN to (or affirmed) before me on the 18th day of December, 2023,
by NANCY L. BEER.

[Signature]
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. 4239683

CERTIFICATE OF DEATH

2021024182
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) George Louis BEER		2. DATE OF DEATH (Mo/Day/Year) September 28, 2021		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	
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 16, 1939	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 8	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Nancy Lucille HUTTON			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of [REDACTED]) MECHANIC		14b. KIND OF BUSINESS OR INDUSTRY AUTO REPAIR	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Caliente	
DISPOSITION	15d. STREET AND NUMBER 946 A Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Arthur BEER	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nettie PETERS		18a. INFORMANT - NAME (Type or Print) Nancy BEER		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO Box 542 Caliente, Nevada 89008	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Conaway Va Cemetery		19c. LOCATION City or Town State Caliente Nevada 89008	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
CERTIFIER	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) R WILLIAM KATSCHKE MD SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) September 30, 2021		21c. HOUR OF DEATH 11:38		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)	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
CAUSE OF DEATH	21e. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) R William Katschke MD P.O. Box 1010 Caliente, NV 89008		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
	23a. NAME AND ADDRESS OF REGISTRAR (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) DARAN GRISSOM SIGNATURE AUTHENTICATED		23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature)	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) October 04, 2021		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	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Right Temporal Lobe Infarct		Interval between onset and death Weeks		DUE TO, OR AS A CONSEQUENCE OF:	
(b) Cerebral Vascular Accident		Interval between onset and death Weeks		DUE TO, OR AS A CONSEQUENCE OF:		
(c) Normal Pressure Hydrocephalus		Interval between onset and death Weeks		DUE TO, OR AS A CONSEQUENCE OF:		
(d)		Interval between onset and death		DUE TO, OR AS A CONSEQUENCE OF:		
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		
26a. ACC. SUICIDE, HON. UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		
26d. DESCRIBE HOW INJURY OCCURRED		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28a. INJURY AT WORK (Specify Yes or No)		
28b. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		28c. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		28d. DESCRIBE HOW INJURY OCCURRED		

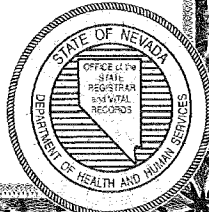


CERTIFIED COPY OF VITAL RECORDS

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: **11/27/2023**

Cody R. Grissom
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