LINCOLN COUNTY, NV

nn

2023-166374

\$37.00 Rec:\$37.00

12/28/2023 02:31 PM

BARNEY MCKENNA & OLMSTEAD, P.C.

Pgs=2 AK

**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, Affiant

SUBSCRIBED AND SWORN to (or affirmed) before me on the 18th day of December, 2023,

by NANCY, L. BEER.

Notary Public

TERE SHAKE
Notary Public - State of Utah
Comm. No. 715152
My Commission Expires on
Nov 9, 2024



## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

TRADE CALL  TRADE	CASE FILE NO. 4239683		CER	CERTIFICATE OF DEATH			2021024182 STATE FILE NUMBER				
BEER BLACK INS So. CITY, TOWN, OR LOCATION OF DEATH [CR ROSPITAL OR OTHER INSTITUTION Name) if not either, you seriest sink If Floor, or the indicate DOLO, OFFERE PR. II. SEX. COLORADO COLORAD	TYPE OR	1a. DECEASED-NAME (FIRST,MI	DDLE,LAST,SUFFIX)			DATE OF DEATH (Mo/Day					
DECEDENT  Calente  Ca	PERMANENT	George Louis		BEER		September 28, 20	September 28, 2021 Lincoln				
DECEDENT Callerite Grover C Dis Medical Center Inpatient Male Jan AGE (Specify) Monitority Specify Non-Interpation (Cright Specify)	S BLACK INK	3b. CITY, TOWN, OR LOCATION (		HER INSTITUTION -	lame(If not either, give		ndicate DOA, OP/Eme	r. Rm. 4. SEX			
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15a. RESIDENCE - STATE   15b. COUNTY   15c. CITY, TOWN OF LOCATION   15d. STREET AND NUMBER   15d. NUMBER OF VILLATS (Sportly Yes vito)	E MOTERICAL DEC	name country) Nevada	United States	8	мате	Nancy Lucille HUTTON					
15a. RESIDENCE - STATE   15b. COUNTY   15c. CITY, TOWN OF LOCATION   15d. STREET AND NUMBER   15d. NUMBER OF VILLATS (Sportly Yes vito)	HANDBOOK REGARDING	13. SOCIAL SECURITY NUMBER	14a. USUAL OCCUPATION	(Give Kind of Work D	one During Most of	14b. KIND OF BUSINESS	OR INDUSTRY	Ever in US Armed			
15a REGISTRACE -STATE   15b COUNTY   15c CITY, TOWN OF LOCATION   15d STREET AND NUMBER   15a STREET	COMPLETION OF		h h h	MECHANIC	E	AUTO R	AUTO REPAIR Forces? Yes				
Newada Lincoln Callente 946 A Street  FATHERPARENT - NAME (First Middle Last Suffer) Arthur BEER  Arthur BEER  16. FATHERPARENT - NAME (First Middle Last Suffer) Arthur BEER  18a. NFORMANT- NAME (First Middle Last Suffer) Nancy BEER  18b. MALLING ADDRESS (Street or R.F. D. No. (Dr. 9 State 2) PD Box 542 Callente, Newada 89008  19a. BURRIA, CREMATION, REMOVAL, OTHER (Speedy) 19a. CEMETERY OR CREMATIONY - NAME CONGRAY OR CEMETORY - NAME CONGRAY OR CEMETORY - NAME BURIAL  20a. FUNERAL DIRECTOR - SIGNATURE (or Person Acting as Such) BODIE L TOPHAM BODIE L TOPHAM SIGNATURE AUTHENTICATED  TRADE CALL - NAME AND ADDRESS  21a. To the basis of esemination and/or investigation; in myopinion doeth occurred with the case (s) stated, (Signature & Title)  21b. DATE SIGNED MonDay/YI) 21c HOUR OF DEATH 22c Chipte basis of esemination and/or investigation; in myopinion doeth occurred of the sime, date and place and due to the case(s) stated, (Signature & Title)  21c LOCATION OF SOME CALL FAMILIES OF CORNORIS (Signature & Title)  22d. Name AND ADDRESS OF CERTIFIER (PRONCOUNCED DEAD AT (Hour)  22d. PRONOUNCED DEAD (MoDay/YI)  22d. DATE SIGNED (MoDay YII)  22d. DATE	ITEMS	15a. RESIDENCE - STATE 15	b. COUNTY 15c	CITY, TOWN OR LO	CATION 15d. STR	EET AND NUMBER	1	15e, INSIDE CITY			
PARENTS  16. FATTEWPARENT-NAME (First Middle Laid Suffix) Arthur BEER  18. INFORMANT-NAME (Fyer Middle Laid Suffix) Arthur BEER  18. INFORMANT-NAME (Fyer Print) 19. INFORMANT-NAME (Fyer Prin	· L	Novada	Lincoln	Callente	046 4	Stroot	Λ.				
PARENTS  18a. INFORMANT-NAME (Type or Pint) Nancy BEER  18b. INAL CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATION? - NAME 19b. BURILL CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATION? - NAME 19b. BURILL CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATION? - NAME 19b. BURILL CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATION? - NAME 19b. BURILL CREMATION, REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATION? - NAME 19b. BURILL CREMATION REMOVAL, OTHER (Specify) 19b. CEMETERY OR CREMATION? - NAME 19b. BURILL CREMATION REMOVAL, OTHER SIGNATURE (OF Person Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such) 19b. BURILL CREMATION REMOVAL, OTHER NAME AND Acting as Such 19b. Such	>	A Herana I Emocin I Camente 1940 A Chieck									
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PO Box 542 Caliente, Nevada 89008  199. BURIAL, CREMATION, REMOVAL, OTHER (Speedy) 199. CEMETERY OR CREMATORY - NAME BURIAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20s. FUNERAL DIRECTOR - SIGNATURE (OF Person Acting as Such)  20s. FUNERAL DIRECTOR - SIGNATURE AUTHENTICATED  21s. DATE SIGNATURE AUTHENTICATED  22s. DATE SIGNED (MolDay/Yr)  22s. PRONOUNCED DEAD AT (Hour)  22s. PRONOUNCED DEAD (MolDay/Yr)  22s. PRONOUNCED DEAD AT (Hour)  22s. DATE SIGNED (MolDay/Yr)  22s. PRONOUNCED DEAD AT (Hour)  22s. DATE SIGNATURE AUTHENTICATED  22s. MAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22s. MAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22s. MAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)  22s. MEDICAL EXAMINER AUTHENTICATED  22s. REGISTRAR  CAUSE OF DEATH  22s. REGISTRAR  CAUSE OF DEATH  22s. REGISTRAR  CAUSE OF DEATH  22s. MEDICAL EXAMINER AUTHENTICATED  22s.		18a INFORMANT NAME /Time or		Trans MAII INC ADD	GCCC /Creates D.S			-			
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DUE TO, OR AS A CONSEQUENCE OF:  (b) Cerebral Vascular Accident  DUE TO, OR AS A CONSEQUENCE OF:  (c) Cerebral Vascular Accident  DUE TO, OR AS A CONSEQUENCE OF:  Normal Pressure Hydrocephalus  EVALUATION OF THE SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part 1.  DUE TO, OR AS A CONSEQUENCE OF:  Normal Pressure Hydrocephalus  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and death  Weeks  DUE TO, OR AS A CONSEQUENCE OF:  Interval between onset and death  Weeks	CAUSE OF			LINE FOR (a), (b), A	ND (c).)						
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	25000		Por. PLACE OF INJURY- At home building, etc. (Specify)	, farm, street, factory,	office   28g. LOCATIO	ON STREET OR R.F.D	. No. CITY OR TO	OWN 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: 11/27/2023

STATE REGISTRAR

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



YANY ALTERATION OR ERASURE VOIDS THIS GERTIFICATE