Recording Requested by:

LINCOLN COUNTY, NV

\$37.00 Rec:\$37.00

12/28/2023 03:32 PM

2023-166375

FIRST AMERICAN - TITLE

Pgs=3 KC

OFFICIAL RECORD

AMY ELMER, RECORDER

(801)578-8888

MAIL TAX NOTICES TO AND AFTER RECORDING RETURN TO: Adalida Duran 370 Main Street Caliente, NV 89008

SPACE ABOVE THIS LINE (3 1/2" X 5") FOR RECORDER'S USE

AFFIDAVIT DEATH OF A JOINT TENANT

Escrow No. 91730842LA (BM)

A.P.N.: **003-084-10**

I, ADALIDA T. DURAN being first duly sworn on oath depose and say:

That I am a citizen of the United States of America, over the age of 21 years and a resident of CALIENTE, County of LINCOLN, State of NEVADA:

That I was well and personally acquainted with WILLIAM E. CATES, one of the grantees in that certain Grant, Bargain and Sale Deed recorded SEPTEMBER 28, 2018 as Entry No. 0150288 in Book 306, at Page 0250, records of the Recorder of LINCOLN County, NEVADA.

That I know of my own knowledge that WILLIAM E. CATES in the said deed and WILLIAM EDWARDS CATES mentioned in the attached copy of Certificate of Death was one and the same person.

This affidavit is executed in connection with the termination of the joint tenancy of WILLIAM E. CATES and ADALIDA T. DURAN, with respect to the following described property, situated in LINCOLN County, State of NEVADA:

LOT SIXTEEN (16) AND WEST 1/2 OF LOT SEVENTEEN (17) IN BLOCK SIXTEEN (16), IN THE CITY OF CALIENTE, COUNTY OF LINCOLN, STATE OF NEVADA.

Dated:

December 18, 2023

ADALIDA T. DURAN

STATE OF NEVAJA

)ss

County of	Clark)
	_ 	

On 17 127 12023, before me, the undersigned Notary Public, personally appeared **ADALIDA T. DURAN**, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

My Commission Expires: 09 ON WY

Notary Public

CRIS GONZALEZ

NOTARY PUBLIC STATE OF NEVADA

Appointment Recorded in Clark County

No: 20-9932-01 Expires September 4, 2024



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

VITAL STATISTICS

Ĺ	•	j. j				/\	
CASE EII	E NO. 4074388		CERTIFICATE	OF DEATH	: I	2019006	404
CASE FIL	LE NO. 4074366	g 4 . H . H				STATE FILE NUM	,
TYPE OR	1a. DECEASED-NAME (FIRST,M	IDDIE LACTOLIECIVI	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
PRINTIN	, , , ,		0.75		2. DATE OF DEATH (Mo/Da		TY OF DEATH
PERMANENT BLACK INK	William E		CATE	_	March 29, 201		Lincoln
BLACK INK	3b. CITY, TOWN, OR LOCATION	OF DEATH 3c. HOSPITA	AL OR OTHER INSTITUTION	I -Name(If not either, gi	ve street ar 3e.If Hosp. or Inst.	indicate DOA, OP/Emer	. Rm. 4. SEX
	Caliente		370 Main	Street	Inpatient(Specify)	Home	Male
DECEDENT	ENT 5. RACE (Specify) [6, Hispanic Origin? Specify 7a. AGE-Last birthdal 7b. UNDER 1 YEAR 7c. UNDER 1 DAY 8. DATE OF BIRTH (M						
	Whi	la i	o - Non-Hispanic	(Years)	MOS DAYS HOUR	RS I MINS	
				75		SPOUSE'S NAME (Last nam	cember 22, 1943
CCCURRED IN	9a. STATE OF BIRTH (If not US/C name country) California		WHAT COUNTRY 10.EDUCA	Wido		SPOUSE S NAME (CAST HAII	e provito instinariage)
HANDBOOK	name country) California 13. SOCIAL SECURITY NUMBER		ed States 12		14b, KIND OF BUSINESS	OD INDUSTRY	T51:-110.A
REGARDING COMPLETION OF	13. SOCIAL SECURITY NUMBER	14a, USUAL OCC	UPATION (Give Kind of Wor	-			Ever in US Armed Forces? No
RESIDENCE ITEMS	15. DECIDENCE CTATE	55 0010 001	Tire Repair		AUTOMOBILE RE	PAIR (GARAGE)	
ITEMS	15a. RESIDENCE - STATE	5b. COUNTY	15c. CITY, TOWN OR		TREET AND NUMBER		15e, INSIDE CITY LIMITS (Specify Yes
>	Nevada	Lincoln	Calien		Main Street		or No) Yes
PARENTS	16. FATHER/PARENT - NAME (F			17. MOTHER	PARENT - NAME (First Mide		
PARENTS		John CATES			Leola	MARTIN	
·	18a, INFORMANT- NAME (Type o	or Print)	18b MAILING A	ODRESS (Street or F	R.F.D. No, City or Town, State,	Zip)	1
	Adalida Ter	resa DURAN		. PO	Box 631 Caliente, Nev	ada 89008	
	19a. BURIAL, CREMATION, REM	OVAL, OTHER (Specify)	19b. CEMETERY OR CREM	ATORY - NAME	19¢.	LOCATION City or T	own State
DISPOSITION	Removal/Cre	mation	South	ern Utah Cremat	ory	Cedar City U	Jtah 84720
	20a. FUNERAL DIRECTOR - SIG	NATURE (Or Person Activ	ng as Such) 20b. FUNER	AL DIRECTOF 20c. NA	AME AND ADDRESS OF FAC	LITY	
	l .	BOYER	LICENSE N		.07	Nevada Mortuary	,
	SIGNATI	URE AUTHENTICATE) FD	807	730 Front Stre	et Caliente NV 8	39008
TRADE CALL	TRADE CALL - NAME AND ADDE	RESS Southern Utah (rematory 190 North 300	West Cedar City U	JT 84720		
			the time, date and place and		ne basis of examination and/or inv	estigation, in my opinion	death occurred
	I = ⊇ to the cause(s) stated.(Sigi	nature & Title)			date and place and due to the c		
	# # # # # # # # # # # # # # # # # # #		0110 00 00 00 10 1	<u> </u>	SCHIMBECK		IRE AUTHENTICATED
CERTIFIER	21b. DATE SIGNED (Mo/C	Jay/Yr) 21c. H	OUR OF DEATH		TE SIGNED (Mo/Day/Yr)	22c. HOUR OF	j.
	S 를 21d. NAME OF ATTENDIN	VO DUNGUANIA OTIUS	T ((A) OF DETICIES	I o ā	April 03, 2019 RONOUNCED DEAD (Mo/Day/	Val. 220 BRONOUL	08:24 NCED DEAD AT (Hour)
	(Type or Print)	NG PHYSICIAN IF OTHER	R (HAN CERTIFIER	@ O 220.PR	76.	Yr) 228. FRONOU	08:24
	23a. NAME AND ADDRESS OF C	EDTIFIED (DUVO)OLAN	ATTENDING DI MOIGIANI A	75.	March 29, 2019	i laan LICEN	SE NUMBER
						230. LICEN	SE NUMBER
Deputy Coroner Evan Schimbeck 1050 SR 322 Pioche, NV 89043 24a. REGISTRAR (Signature) BRECE D FLORES 24b. DATE RECEIVED BY REGISTRAR 24c. DEATH DUE TO COMMUNIC							MMUNICABLE DISEASE
REGISTRAR	2 to Mediant (dignatary)				April 03, 2019	YES	NO X
	25. IMMEDIATE CAUSE	SIGNATURE AUT	USE PER LINE FOR (a), (b)		April 00, 2019		between onset and death
CAUSE OF		Artery Disease		AND (C).)		:	1
DEATH	(a)	% . %				Longt	
		S A CONSEQUENCE OF:		-		1	between onset and death
CONDITIONS IF ANY WHICH GAVE RISE TO	(b) Hypertens	76. 76.				; Chror	nic
GAVE RISE TO IMMEDIATE	DUE TO, OR A	S A CONSEQUENCE OF	; ; ;	7.		Interval	between onset and death
CAUSE STATING THE->	(c)	1		//	* * * *	-	
UNDERLYING CAUSE LAST	DUE TO, OR AS	S A CONSEQUENCE OF:	1	/ /		Interval	between onset and death
CAUSE LAST	(d)	- N			*	1	
_/ /	PART II OTHER SIGNIFICANT	CONDITIONS-Conditions	contributing to death but not	resulting in the underlyi	ng cause given in Part 1.	26. AUTOPSY (Spec	cit 27. WAS CASE
/ /	Diabetes, Pneumonia,				:	Yes or No)	REFERRED TO CORONER (Specify Yes or No)
	200 ACC STROIDE HOM LINDET	28b. DATE OF INJURY (Mo/	Dav/Yr) 128c, HOUR OF (NINDY 1284 DECCRIS	BE HOW INJURY OCCURRED	No	Yes
	28a, ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)	ESS. DATE OF INSURT (MO)	Zou. Hour Or (ZOU. DEGONIE	A THE PROPERTY OF THE PARTY OF		
		5.0%					
\ \	28e. INJURY AT WORK (Specify		- At home, farm, street, facto	ry, office 28g. LOCA	TION STREET OR R.F.C	D. No. CITY OR TO	WN STATE
1 \	Yes or Na)	building, etc. (Specify)					
- 1 L							

STATE REGISTRAR

VRS-Rev-20120523a





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:

APR 08 2019 ×

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

