

After recording, please return to:

Name: Joshua L Yeary
Address: PO BOX 496
City, State, Zip: Caliente NV 89008
Phone: ~~XXXXXXXXXX~~

Assessor's
Parcel Number ~~003-085-14~~ ✓
003-085-05



OFFICIAL RECORD
AMY ELMER, RECORDER

E10

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DEATH OF GRANTOR AFFIDAVIT
(Nev. Rev. Stat. §§111.655 – 111.699)

Joshua L Yeary (name of affiant), being duly sworn, deposes and says that Kathleen A Yeary (name of deceased), the decedent mentioned in the attached certified copy of the Certificate of Death, is the same person as Kathleen A Yeary (name of grantor), named as the grantor or as one of the grantors in the deed upon death recorded on 3/17/2017 (date), as document or Document number 0151026, Book 306, at Page 0512, records of Lincoln County, Nevada, covering the real property commonly known as 269 McKinley Street, City/Town of Caliente, County of Lincoln, State of Nevada, and more particularly described as (legal description):

LOT number Four (4) in Block numbered sixteen (16) of the Thomas E. Dixon Addition to the city of Caliente, as said addition, now on file in the office of the county Recorder of Lincoln County, Nevada Assessor Parcel number 003-085-14

Joshua L Yeary (name of affiant) is the beneficiary or at least one of the beneficiaries to whom the real property is conveyed upon the death of the grantor Kathleen A Yeary (name of deceased) or is the authorized representative of the beneficiary or at least one of the beneficiaries. The beneficiary or beneficiaries listed in the deed upon death are Joshua L Yeary

THE UNDERSIGNED HEREBY AFFIRMS THAT THIS DOCUMENT SUBMITTED FOR RECORDING DOES NOT CONTAIN A SOCIAL SECURITY NUMBER.

DATED this 7 day of MAY, 2024

[Signature]
SIGNATURE(S)

Joshua L Yeary

**THIS INSTRUMENT IS ATTACHED TO A DEATH OF GRANTOR AFFIDAVIT
FOR APN 003-085-14 DATED: May 7, 2024 **

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Subscribed and sworn to on this 7th day of May, 20 24, before me, Mercedes Howard
(here insert name of notary public), by Joshua L. Yeary (here insert name of principal).

On this 7th day of May, 20 24, before me, Mercedes Howard (here insert name of notary
public), personally appeared Joshua L. Yeary (here insert name of principal)
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person
whose name is subscribed to this instrument, and acknowledged that he or she executed it.

Mercedes Howard
Notary Public



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. 4365709

2023018643
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) Kathleen Ann YEARLY		2. DATE OF DEATH (Mo/Day/Year) August 17, 2023		3a. COUNTY OF DEATH Clark	
3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and number) Sunrise Hospital Medical Center		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Intensive Care Unit (ICU)	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic <input checked="" type="checkbox"/>	
7a. AGE-Last birthday (Years) 68		7b. UNDER 1 YEAR MOS: _____ DAYS: _____		7c. UNDER 1 DAY HOURS: _____ MINS: _____	
8. DATE OF BIRTH (Mo/Day/Yr) August 29, 1954		9a. STATE OF BIRTH (If not US/CA, name country) Hawaii		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARITAL STATUS (Specify) Divorced		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 Senior Group Supervisor		14b. KIND OF BUSINESS OR INDUSTRY GOVERNMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN, OR LOCATION Calliente	
15d. STREET AND NUMBER 269 McKinley Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Harold Nelson SHUEY			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lois JOHNSON		
18a. INFORMANT - NAME (Type or Print) Joshua YEARY			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 269 McKinley Street Calliente, Nevada 89008		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Paradise Valley Crematory		19c. LOCATION City or Town State Las Vegas Nevada 89119	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BILLY C VALLIE Jr		20b. FUNERAL DIRECTOR LICENSE NUMBER FD918		20c. NAME AND ADDRESS OF FACILITY Davis Funeral Home and Memorial Park 6200 S Eastern Las Vegas NV 89119	
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) SIGNATURE AUTHENTICATED MANOJ SHARMA DO			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) August 25, 2023		21c. HOUR OF DEATH 15:03		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22c. HOUR OF DEATH	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Manoj Sharma DO 6040 S Fort Apache Rd #100 Las Vegas, NV: 89148			
23b. LICENSE NUMBER DO2183		24a. REGISTRAR (Signature) NANCY BARRY		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) August 25, 2023	
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		(a) Cardiac Arrest		Interval between onset and death	
		(b) Recurrent Ventricular Fibrillation		Interval between onset and death	
		(c) Unspecified		Interval between onset and death	
		(d)		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.				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	

AKA: Kathleen Ann YEARLY

"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.

Registrar of Vital Statistics **SIGNATURE AUTHENTICATED**

By: *Susan Zannus*

DATE ISSUED: 8/28/2023

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 89127 • 702-759-1010 • Tax ID # 88-0151573

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**STATE OF NEVADA
DECLARATION OF VALUE FORM**

1. Assessor Parcel Number(s)
 a) 003-085-1407
 b) 003-085-05
 c) _____
 d) _____

2. Type of Property:
 a) Vacant Land
 b) Single Fam. Res.
 c) Condo/Twnhse
 d) 2-4 Plex
 e) Apt. Bldg
 f) Comm'l/Ind'l
 g) Agricultural
 h) Mobile Home
 Other _____

FOR RECORDER'S OPTIONAL USE ONLY
 Book: _____ Page: _____
 Date of Recording: _____
 Notes: _____

3. Total Value/Sales Price of Property \$ _____
 Deed in Lieu of Foreclosure Only (value of property) (_____)
 Transfer Tax Value: \$ _____
 Real Property Transfer Tax Due \$ _____

4. **If Exemption Claimed:**
 a. Transfer Tax Exemption per NRS 375.090, Section 10
 b. Explain Reason for Exemption: Deed upon Death

5. Partial Interest: Percentage being transferred: 100 %
 The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and can be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed.

Signature [Signature] Capacity Grantor
 Signature _____ Capacity _____

SELLER (GRANTOR) INFORMATION
(REQUIRED)
 Print Name: Kathleen A Yeary
 Address: PO Box 496
 City: Caliente
 State: NV Zip: 89009

BUYER (GRANTEE) INFORMATION
(REQUIRED)
 Print Name: Joshua L Yeary
 Address: PO Box 496
 City: Caliente
 State: NV Zip: 89009

COMPANY/PERSON REQUESTING RECORDING (required if not seller or buyer)
 Print Name: _____ Escrow #: _____
 Address: _____
 City: _____ State: _____ Zip: _____