

APN 005-231-32

APN

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Recording Requested By:

Name JK Nelson Law

Address 41 N. Hwy 160 Suite 8

City / State / Zip Pahrump, NV 89060

Affidavit of Death of Joint Tenant

Title of Document (required)

Only use below if applicable

This document is being re-recorded to correct document number _____, and is correcting _____

I the undersigned hereby affirm that this document submitted for recording does contain personal information (social security number, driver's license number or identification card number) of a person as required by specific law, public program or grant that requires the inclusion of the personal information. The Nevada Revised Statute (NRS), public program or grant referenced is: (check applicable)

- Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment – NRS 17.150(4)
- Military Discharge – NRS 419.020(2)
- Other


Signature

ELLA SCOTT
Name Typed or Printed

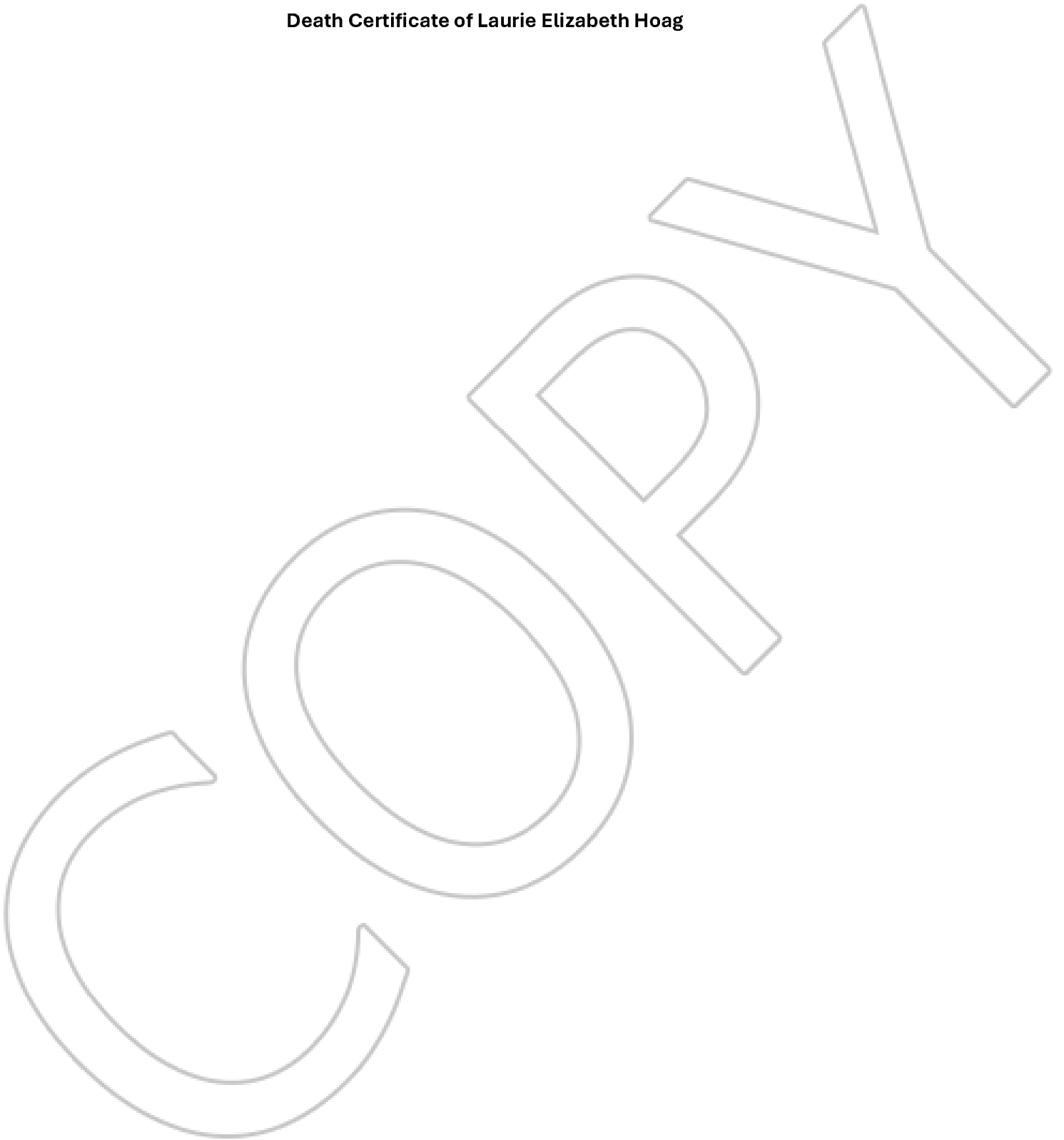
EXHIBIT A
(Legal Description)

The West Half (W ½) of the Northeast Quarter (NE ¼) of the Southwest Quarter (SW1/4) of Section 34 Township 5 North, Range 67 East, Mount Diablo Base & Meridian.

KNOWN AS: 1277 Meadow Lane, Pioche, NV 89043
APN: 005-231-32

EXHIBIT B

Death Certificate of Laurie Elizabeth Hoag



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4401223

CERTIFICATE OF DEATH

2024005034
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) Brian Charles HOAG		2. DATE OF DEATH (Mo/Day/Year) March 03, 2024		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Pioche		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street number) 1277 Meadow Lane		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
9a. STATE OF BIRTH (If not US/CA, name country) Nebraska		9b. CITIZEN OF WHAT COUNTRY UNITED STATES		10. EDUCATION 13	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) September 06, 1951	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
15d. STREET AND NUMBER 1277 Meadow Lane		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Gordon Edward HOAG	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen Marie SAISER		18a. INFORMANT- NAME (Type or Print) Melissa HOSS		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 10732 Liberty Rd Frederick, Maryland 21701	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/cremation		19b. GEMETERY OR CREMATORY - NAME Southern Utah Crematory		19c. LOCATION City or Town State Cedar City Utah 84720	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) BODIE L TOPHAM		20b. FUNERAL DIRECTOR LICENSE NUMBER FD959		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 730 Front Street Caliente NV 89008	
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) TYLER A THOMPSON			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) TYLER A THOMPSON		
21b. DATE SIGNED (Mo/Day/Yr) March 08, 2024		21c. HOUR OF DEATH 17:34		22b. DATE SIGNED (Mo/Day/Yr) March 08, 2024	
22c. HOUR OF DEATH 17:34		22d. PRONOUNCED DEAD (Mo/Day/Yr) March 03, 2024		22e. PRONOUNCED DEAD AT (Hour) 17:34	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Deputy Coroner Tyler A Thompson 1050 SR 322 Pioche, NV 89043				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) March 08, 2024		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) Organ Failure				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) Acute Coronary Arrest				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) Cancer				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				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) Yes		28a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) ACCIDENT			
28b. DATE OF INJURY (Mo/Day/Yr) March 03, 2024		28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED Acute Coronary Arrest	
28e. INJURY AT WORK (Specify Yes or No) No		28f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify) Home		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE 1277 Meadow Lane Pioche Nevada	



CERTIFIED COPY OF VITAL RECORDS

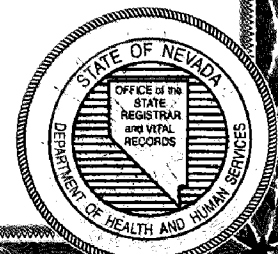
This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

3/14/2024

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