

APN: 004-011-016

WHEN RECORDED, MAIL TO:

David T. Smallwood
P.O. Box 479
Alamo, NV 89001



00014295202401671460040048

OFFICIAL RECORD
AMY ELMER, RECORDER

MAIL TAX NOTICES TO:

David T. Smallwood
P.O. Box 479
Alamo, NV 89001

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

David T. Smallwood does hereby swear under penalty of perjury under the law that the assertions of this affidavit are true and declares the following:

1. On or about July 10, 2007, David T. Smallwood and Devora B. Smallwood acquired title as joint tenants with right of survivorship to a parcel of real property situated in Lincoln County, State of Nevada, by Deed recorded on July 19, 2007, as recorded document number 0129529, Official Records of Lincoln County, Nevada. The legal description of the property is as follows:

Alamo Power District No. 3, Parcel No. 1 on the Alamo Power District Parcel Map filed as Document No. 0128441 on February 26, 2007 in Book C of Plats, Page 318 in the Official Records of Lincoln County.

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2. Devora B. Smallwood died on December 12, 2020, in Lincoln County, State of Nevada. A certified copy of the Death Certificate of Devora B. Smallwood is attached to this Affidavit as Exhibit A.

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3. At the time of death of Devora B. Smallwood, title to the real property described in paragraph 1 above continued to be held by David T. Smallwood as surviving joint tenant. As a result of the death of Devora B. Smallwood and the joint tenancy form of title, the real property described in paragraph 1 above remained vested in David T. Smallwood upon the death of Devora B. Smallwood.

DATED this 06 day of May, 2024.


David T. Smallwood

STATE OF NEVADA }
 }ss.
COUNTY OF LINCOLN }

On June 6, 2024, before me, Robin E. Simmers, personally appeared **David T. Smallwood**, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this *Affidavit of Death of Joint Tenant*, and acknowledged that he executed it. I declare under penalty of perjury that the person whose name is ascribed to this instrument appears to be of sound mind and under no duress, fraud, or undue influence.


NOTARY PUBLIC

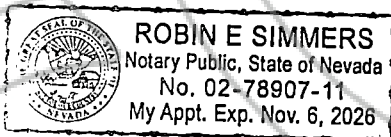


EXHIBIT "A"

Death Certificate

COPY

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4184131

CERTIFICATE OF DEATH

2020028055
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 OF DEATH STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME: (FIRST, MIDDLE, LAST, SUFFIX) Devora Bingham SMALLWOOD		2. DATE OF DEATH (Mo/Day/Year) December 12, 2020		3a. COUNTY OF DEATH Lincoln	
3b. CITY, TOWN, OR LOCATION OF DEATH Alamo		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) 274 N. Main St.		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify) Home	
4. SEX Female		5. RACE (Specify) White		6. Hispanic Origin? Specify No. Non-Hispanic	
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) July 31, 1952		9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY? United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) David Thomas SMALLWOOD	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
SECRETARY		EDUCATION		Ever in US Armed Forces? No.	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Alamo	
15d. STREET AND NUMBER 274 N. Main St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Elmer Jacob BINGHAM	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Blanche Adalee HOLAWAY		18a. INFORMANT - NAME (Type or Print) David T SMALLWOOD		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 274 N. Main St. Alamo, Nevada 89001	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Alamo Cemetery		19c. LOCATION City or Town State Alamo Nevada 89001	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) MITCHELL AMOS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD30		20c. NAME AND ADDRESS OF FACILITY La Paloma Funeral Services 5450 Stephanie Street Suite #110 Las Vegas NV 89122	
20d. SIGNATURE AUTHENTICATED		20e. 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) KENYON WALCH		21b. DATE SIGNED (Mo/Day/Yr) December 15, 2020		21c. HOUR OF DEATH 03:03	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. DATE SIGNED (Mo/Day/Yr) December 12, 2020		21f. PRONOUNCED DEAD AT (Hour) 03:03	
22a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenyon Walch 225 Justice Way Pioche, NV 89043		22b. LICENSE NUMBER			
23a. REGISTRAR (Signature) BLAISE SATARIANO		23b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 15, 2020		23c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) (a) Probable Respiratory Failure		Interval between onset and death			
24b. DUE TO, OR AS A CONSEQUENCE OF: (b) Natural Disease Progression Of Unknown Etiology		Interval between onset and death			
24c. DUE TO, OR AS A CONSEQUENCE OF: (c) Morbid Obesity, Untreated Obstructive Sleep Apnea		Interval between onset and death			
24d. DUE TO, OR AS A CONSEQUENCE OF: (d) Asthma		Interval between onset and death			
25. PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1. Type 2 Diabetes		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)		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		28h. CITY OR TOWN STATE	



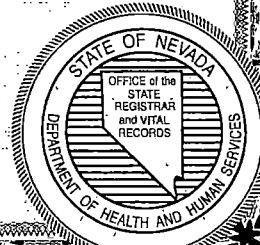
CERTIFIED COPY OF VITAL RECORDS

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: 12/31/2020

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

Blaise Satariano
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE