163205

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
(ss.
COUNTY OF ~~EUREKA~~ Lander)

I, ELSIE M LEFEVRE, of legal age, being first duly sworn, deposes and says:

That GEORGE A. LEFEVRE the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as GEORGE A. LEFEVRE named as one of the parties in that certain JOINT TENANCY DEED dated NOV. 13, 1985, executed by CATTLEMENS TITLE GUARANTEE CO. to GEORGE A. LEFEVRE ELSIE M LEFEVRE as joint tenants, recorded as Instrument No. 101076 on PAGE 485, BOOK 140, in the Official Records of EUREKA COUNTY, Nevada, covering the following described property situate in the CRESCENT VALLEY, County of EUREKA, State of Nevada, more particularly described as follows:

TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B&M
SECTION 17: SW¼ SW¼ NW¼

APN 05-200-22

Elsie M Lefevre
300 N. Trescott, No 157-2
Battle Mountain, NV 89820

SUBSCRIBED AND SWORN TO before me this 23rd day of May 1996.

Nanette Holland

NANETTE HOLLAND
Notary Public - State of Nevada
Appointment Recorded in Lander County
No: 96-0322-10 - EXPIRES SEPT. 15, 1999

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEDENT

1. DECEASED—NAME: First: George | Middle: A. | Last: LEFEVRE
2. DATE OF DEATH (Month, Day, Year): April 24, 1996
3a. COUNTY OF DEATH: Lander
3b. CITY, TOWN, OR LOCATION OF DEATH: Battle Mountain
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Residence
3e. If Hosp. or Inst. indicate DOA, OP/Emer Rm, Inpatient (Specify): 7
SEX: Male
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.: No
7a. AGE—Last Birthday (Years): 73
7b. UNDER 1 YEAR: MOS : DAYS
7c. UNDER 1 DAY: HOURS : MINS
8. DATE OF BIRTH (Mo., Day, Yr.): August 21, 1922

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

9a. STATE OF BIRTH (If not U.S.A., name country): California
9b. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education. Specify highest grade completed.: 11
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
12. SURVIVING SPOUSE (If wife, give maiden name): Elsie Shoemake
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired): Quality Controll 365
14b. KIND OF BUSINESS OR INDUSTRY: Grocery Store Chain 601
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Lander
15c. CITY, TOWN, OR LOCATION: Battle Mountain
15d. STREET AND NUMBER: 300 N. Trescott Sp. #2
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME: First: Jesse | Middle: | Last: Lefevre
17. MOTHER—MAIDEN NAME: First: Johanna | Middle: | Last: Rodau
18a. INFORMANT—NAME (Type or Print): Elsie Lefevre
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 300 Trescott #2 Battle Mountain, Nevada 89820

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Sunset Crematory
19c. LOCATION: City or Town: Elko, Nevada | State: Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Judith L. Munster
20b. FUNERAL DIRECTOR LICENSE NUMBER: 44
20c. NAME AND ADDRESS OF FACILITY: Albertson Funeral Home-Winnemucca, Nevada 08

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title) ➤
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

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) and manner stated.
(Signature and Title) ➤ LT. Kenneth Quirk
22b. DATE SIGNED (Mo., Day, Yr.): April 25, 1996
22c. HOUR OF DEATH
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 4-24-1996
22e. PRONOUNCED DEAD (Hour) AT: 17:10 P.M.

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print.): Kenneth Quirk, P.O. Box 1625, Battle Mtn, NV 89820
23b. LICENSE NUMBER

24a. REGISTRAR (Signature) ➤ Kalayne Hill
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): April 25, 1996
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Inoperable Lung Cancer — Interval between onset and death:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
1629 (b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)

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):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY: M
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

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No. 90850

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: MAY - 1 1996

By: Yvonne Sylva
Deputy Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.

BOOK 297 PAGE 191
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Elsie McIntire
96 MAY 29 AM 11:43

EUREKA COUNTY NEVADA
M.N. REBALEATI. RECORDER
FILE NO. FEE $ 9.00

163205