



Nanette Holland

19 96

this 20th day of June

SUBSCRIBED AND SWORN TO before me

300 N. Prescott, Sp. Battle Mountain, NV 89820

Blaine M. Johnson

APN 05-200-22

TOWNSHIP 30 NORTH, RANGE 48 EAST M.D.B&M SECTION 17, E 1/2 SW 1/4 NW 1/4

State of Nevada, more particularly described as follows:

property situate in the CRESCENT VALLEY, County of EURIKA, Nevada, covering the following described

101076 on PAGE 485 Book 140, in the Official Records of

ELSIE M. LEFFLYRE as joint tenants, recorded as Instrument No.

CENTRAL MENS TITLE GUARANTEE Co to GEORGE A. LEFFLYRE

that certain JOINT TENANCY DEED dated NOV. 13, 1985, executed by

as GEORGE A. LEFFLYRE named as one of the parties in

in the attached certified copy of Certificate of Death, is the same person

That GEORGE A. LEFFLYRE the decedent mentioned

duly sworn, deposes and says:

1. ELSIE M. LEFFLYRE, of legal age, being first

STATE OF NEVADA )  
COUNTY OF LANDER )  
ss. )

AFFIDAVIT - DEATH OF JOINT TENANT

163258

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

1. DECEASED-NAME George A. LEEVERE		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. RESIDENCE Battle Mountain		4. RACE (e.g., White, Black, American Indian, etc.) (Specify) White	
5. STATE OF BIRTH California		6. CITIZEN OF WHAT COUNTRY U.S.A.		7. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) Quality Control	
8. SOCIAL SECURITY NUMBER [REDACTED]		9. RESIDENCE-STATE Nevada		10. COUNTY Lander	
11. CITY, TOWN, OR LOCATION Battle Mountain		12. STREET AND NUMBER 300 N. Trescott		13. RESIDENCE-STATE Nevada	
14. FATHER-NAME Jesse Levere		15. MOTHER-MAIDEN NAME Johanna Rodau		16. MAILING ADDRESS 300 Trescott #2 Battle Mountain, Nevada 89820	
17. BIRTHAL CREMATION, REMOVAL, OTHER (Specify) Cremation		18. CEMETERY OR CREMATORY-NAME Sunset Crematory		19. LOCATION Elko, Nevada	
20. FUNERAL DIRECTOR-SIGNATURE [Signature]		21. FUNERAL DIRECTOR LICENSE NUMBER 44		22. 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. Lt. Kenneth Lander	
23. DATE SIGNED (Mo., Day, Yr.) April 25, 1996		24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Kenneth Quirk, P.O. Box 1625, Battle Mtn, NV 89820		25. 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	
26. HOUR OF DEATH [REDACTED]		27. DATE SIGNED (Mo., Day, Yr.) April 25, 1996		28. PRONOUNCED DEAD (Mo., Day, Yr.) April 25, 1996	
29. HOUR OF DEATH [REDACTED]		30. PRONOUNCED DEAD (Mo., Day, Yr.) April 25, 1996		31. TIME OF DEATH 17:10 P.M.	
32. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) April 25, 1996		33. DEATH DUE TO COMMUNICABLE DISEASE NO		34. LICENSE NUMBER [REDACTED]	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) Inoperable Lung Cancer		36. DUE TO, OR AS A CONSEQUENCE OF: (a) Interval between onset and death (b) DUE TO, OR AS A CONSEQUENCE OF: (c) OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not resulting in the underlying cause given in Part I.		37. AUTOPSY NO	
38. ACCIDENT, SUICIDE, HOMICIDE, OR PENDING INVESTIGATION [REDACTED]		39. DATE OF INJURY (Mo., Day, Yr.) [REDACTED]		40. HOUR OF INJURY [REDACTED]	
41. PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify) [REDACTED]		42. LOCATION [REDACTED]		43. STREET OR R.F.D. No. [REDACTED]	
44. CITY OR TOWN [REDACTED]		45. STATE [REDACTED]		46. DEPUTY REGISTRAR [Signature]	

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

Seal of the State of Nevada

Seal of the Department of Health, Division of Vital Statistics

1996 MAY - 1 1996

No. 90850

TYPE OR PRINT IN PERMANENT BLACK INK

PRECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK READING INSTRUCTIONS

RESIDENCE ITEMS

PARENTS

POSITION

CERTIFIER

CAUSE OF DEATH

BOOK 297 PAGE 192

BOOK 297 PAGE 299

COPY

BOOK 297 PAGE 193

BOOK 297 PAGE 300

163205

163258

EUREKA COUNTY NEVADA  
M.N. REBALCATTI, RECORDER  
FILE NO. FEES \$9.00

RECORDED AT THE REQUEST OF  
*Elise M. Kefauve*  
96 MAY 29 AM 11:43

BOOK 297 PAGE 191

EUREKA COUNTY NEVADA  
M.N. REBALCATTI, RECORDER  
FILE NO. FEES \$9.00

RECORDED AT THE REQUEST OF  
*Elise M. Kefauve*  
96 JUN 24 AM 10:00

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