

## Official Record

Recording requested By  
ROBERT L. STRANGEureka County - NV  
Mike Rebaleati - Recorder

Fee: \$18.00

Page 1 of 5

RPTT

Recorded By: FES

Book- 497 Page- 0203



0214524

A. P. No. 005-420-29

When recorded mail to:

Robert L. Strang  
370 Bluebird Way  
Burlison, TN 38015AFFIRMATION PURSUANT TO  
NRS 111.312(1)(2) AND 239B.030(4)

Pursuant to NRS 239B.030, the undersigned, hereby affirm(s) that the below document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons.

-OR-

  x   The undersigned, hereby affirm(s) that this document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by the following: 440.380.

Signature

Robert L. Strang  
Print Signature

Agent \_\_\_\_\_

Title \_\_\_\_\_

AFFIDAVIT SURVIVING JOINT TENANT

STATE OF TENNESSEE )

) ss

COUNTY OF SHELBY )

I, ROBERT L. STRANG, do hereby swear (or affirm) under penalty of perjury that the assertions of this Affidavit are true, to-wit:

1. That I am over the age of eighteen years and legally competent to make and execute this affidavit.

2. That I am the personal representative of the Estate of Geraldine H. Strang.

3. That ROBERT F. STRANG is now deceased, having died in the City of Langley, County of Aiken, State of South Carolina, on July 13, 1995. Attached hereto is a certified copy of the Certificate of Death of ROBERT FRANKLIN STRANG, which has been duly filed with the South Carolina, State of Department of Human Resources, Division of Health, Section of Vital Statistics, Aiken County, South Carolina. That your affiant expressly incorporates said Certificate of Death in this affidavit.

4. That GERALDINE H. STRANG is now deceased, having died in the City of Augusta, County of Richmond, State of Georgia, on February 9, 2005. Attached hereto is a certified copy of the Certificate of Death of GERALDINE STRANG, which has been duly filed with the Georgia State Department of Human Resources, Division of Health, Section of Vital Statistics, Richmond County, Georgia. That your affiant expressly incorporates said Certificate of Death in this affidavit.

5. That during the lifetime of the said ROBERT F. STRANG and GERALDINE H. STRANG were owners, in joint tenancy, under a Deed recorded in Book 69, Page 465, Document No. 68015, Official Records, Eureka County, Nevada, of that certain real property situate in the County of Eureka, State of Nevada, more particularly described as follows:

Township 29 North, Range 48 East, M.D.B.&M.

Section 1: The Northeast (NE 1/4) of Lot 1

6. That by reason of the demise of the said ROBERT F. STRANG, GERALDINE H. STRANG, was is the sole owner under the Deed on the above-described property.

DATED: Feb, 28, 2009.

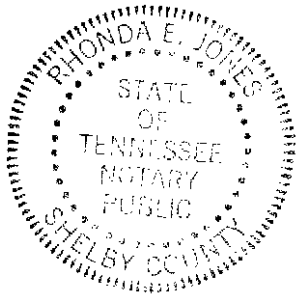
  
Robert F. Strang



STATE OF Tennessee )  
COUNTY OF Shelby ) ss

Signed and sworn to (or affirmed) before me on  
Feb. 28th, 2009, by ROBERT L. STRANG.

Rhonda E. Jones  
Notary Public



My Commission Expires March 17, 2010

I HEREBY CERTIFY THIS IS A  
TRUE COPY OF THE RECORD ON  
FILE IN THE AIKEN  
COUNTY HEALTH DEPARTMENT

JUL 17 1995

*Richard A. Strang*  
COUNTY REGISTRAR

STATE OF SOUTH CAROLINA  
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
CERTIFICATE OF DEATH

STATE BIRTH NUMBER

STATE FILE NUMBER

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE  
OTHER SIDE  
AND HANDBOOK

9a.

9b.

9d.

See Instructions On Other Side

Pronouncing  
Physician  
Only →  
See  
Definition  
On Other  
Side

See Instructions On Other Side

12a.

12b.

13a.

13b.

30a.

DECEDENT'S NAME First Middle Last		SEX	DATE OF DEATH (Month, Day, Year)	
1. ROBERT FRANKLIN STRANG		2. MALE	3. 7-13-95	
SOCIAL SECURITY NUMBER	AGE - Last Birthday (Years)	UNDER 1 YEAR		UNDER 1 DAY
4. [REDACTED]	5a. 64	5b. Months Days		5c. Hours Minutes
DATE OF BIRTH (Mo., Day, Year)		BIRTHPLACE (City, and State or Foreign Country)		
6. 9-25-30		7. LANGLEY, SC		
WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)				
8. YES				
9a. PLACE OF DEATH (Check only one; see instructions on other side)				
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
FACILITY NAME (If not institution, give street and number)		CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH
9c. 143 CUSHMAN ROAD		11c. LANGLEY		9d. AIKEN
MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	
10. MARRIED	11. GERALDINE HALL		12a. CONSTRUCTION SUPT.	
KIND OF BUSINESS/INDUSTRY	12b. CONSTRUCTION			
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER
13a. SC	13b. AIKEN	13c. LANGLEY		13d. 143 CUSHMAN ROAD
INSIDE CITY LIMITS? (Yes or No)	13e. NO			
ZIP CODE	Was Decedent of Hispanic Origin? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.)		RACE - American Indian, Black, White, etc. (Specify)	
13f. 29834	14. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Specify) ENGLISH		15. WHITE	
DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+)		16. 8th		
FATHER'S NAME First Middle Last		MOTHER'S NAME First Middle Maiden Surname		
17. CHARLES ARCHIBALD STRANG, JR.		18. VINOLA GERMAN		
INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		
19a. GERALDINE H. STRANG		19b. 143 CUSHMAN ROAD, LANGLEY, SC 29834		
METHOD OF DISPOSITION		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		LOCATION - (City or Town, State)
20a. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		20b. SOUTHERN CREMATION SERVICE		20c. EVANS, GA
20a. <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				
FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature)		FUNERAL DIR. LICENSE NO.		NAME AND ADDRESS OF FACILITY
21a. [Signature]		21b. 2214		J.M. POSEY & SONS FUNERAL HOME
EMBALMER (Signature)		EMBALMER LICENSE NO.		155 AUGUSTA ROAD AT POSEY STREET
21c. NOT EMBALMED		21d. 22a. LANGLEY, SOUTH CAROLINA 29834		
Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.		To the best of my knowledge, death occurred at the time, date, and place stated.		LICENSE NUMBER
23a. Signature and Title		23b. Paul D. Forney MD		23c. 6a 02315
TIME OF DEATH		DATE PRONOUNCED DEAD (Month, Day, Year)		WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)
24. 6:20 P.M.		25. 7-13-95		26. YES Yes
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. Congestive Heart Failure days				
b. Atherosclerotic Heart Disease years				
c. Diabetes Mellitus (contributing) years				
d.				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				
Circrosis, Peripheral Vascular Disease (amputated)				
28a. NO		28b. IF YES, WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)		
29. MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)		
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation		TIME OF INJURY		
<input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined		INJURY AT WORK? (Yes or No)		
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30c. M 30d.		
30a.		30b.		
PLACE OF INJURY - (Home, Farm, Street, Factory, Office, etc.) (Specify)		LOCATION (Street and Number or Rural Route Number, City or Town, State)		
30e.		30f.		
CERTIFIER (Check only one)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		
<input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER		32.		
<input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying to cause of death)				
31. SIGNATURE AND TITLE OF CERTIFIER To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.		LICENSE NUMBER		DATE SIGNED (Month, Day, Year)
33a. Paul D. Forney MD		33b. 6a 02315		33c. 7-14-95
NAME AND ADDRESS OF PERSON WHO SIGNED IN 33a. (Type/Print)				
34. Paul D. Forney MD 1120-15th Street BP 1105 Augusta GA 30912-3520				
REGISTRAR'S SIGNATURE				
35. Annie R. Malik				
DATE FILED (Month, Day, Year)				
36. Jul 17 1995				

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0214524



# CERTIFICATE OF DEATH/STATE OF GEORGIA

Birth Number

Local File Number

State File Number

DECEDENT'S NAME (First, Middle, Last)

1a. **GERALDINE**

**STRANG**

IF DECEDENT IS FEMALE, ENTER MAIDEN LAST NAME  
1b. **Hall**

SEX

2. **FEMALE**

DATE OF DEATH (Mo., Day, Year)

3. **FEBRUARY 9, 2005**

4. **WHITE**  
RACE (White, Black, Amer. Indian, etc.) (Specify)

5. **AMERICAN**  
ORIGIN OF DECEDENT (Italian, Mex., French, English, etc.)

6. **MAR 20, 1932**  
DATE OF BIRTH (Mo., Day, Year)

7a. **72**  
AGE - Last Birthday (Years)

7b. **72**  
UNDER 1 YEAR  
Mos. Days Hours Mins.

7c. **72**  
UNDER 1 DAY  
Mos. Days Hours Mins.

8a. **RICHMOND**  
COUNTY OF DEATH

9. **AUGUSTA**  
CITY, TOWN or LOCATION OF DEATH

10. **MEDICAL COLLEGE OF GEORGIA**  
HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.)

11. **INPATIENT**  
IF HOSPITAL OR INST. (Indicate DOA, OPER. Rm., Inpatient) (Specify)

12. **INPATIENT**  
IF HOSPITAL OR INST. (Indicate DOA, OPER. Rm., Inpatient) (Specify)

13. **no**  
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)

14. **SC, Aiken**  
STATE AND COUNTY OF BIRTH (If not in USA, name Country)

15. **US**  
CITIZEN OF WHAT COUNTRY?

16. **widowed**  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

17. **Robert F. Strang**  
SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name)

18. **no**  
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)

19. **SC, Aiken**  
SOCIAL SECURITY NUMBER

20. **US**  
CITIZEN OF WHAT COUNTRY?

21. **widowed**  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

22. **Robert F. Strang**  
SPOUSE (If married or widowed, give spouse's name - if wife, give maiden name)

23. **no**  
WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No)

24. **Homemaker**  
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

25. **own home**  
KIND OF INDUSTRY OR BUSINESS

26. **own home**  
KIND OF INDUSTRY OR BUSINESS

27. **own home**  
KIND OF INDUSTRY OR BUSINESS

28. **own home**  
KIND OF INDUSTRY OR BUSINESS

29. **SC**  
RESIDENCE - STATE

30. **Aiken**  
COUNTY

31. **Langley**  
CITY, TOWN or LOCATION

32. **143 Cushman Rd.**  
STREET AND NUMBER AND ZIP CODE

33. **no**  
INSIDE CITY LIMITS? (Yes or No)

34. **SC**  
FATHER'S NAME First Middle Last

35. **Aiken**  
FATHER'S NAME First Middle Last

36. **Langley**  
FATHER'S NAME First Middle Last

37. **143 Cushman Rd.**  
FATHER'S NAME First Middle Last

38. **no**  
FATHER'S NAME First Middle Last

39. **Robert**  
MOTHER'S MAIDEN NAME First Middle Last

40. **Lee**  
MOTHER'S MAIDEN NAME First Middle Last

41. **Hall**  
MOTHER'S MAIDEN NAME First Middle Last

42. **Retha**  
MOTHER'S MAIDEN NAME First Middle Last

43. **Fox**  
MOTHER'S MAIDEN NAME First Middle Last

44. **Robert**  
INFORMANT'S NAME First Middle Last

45. **Lee**  
INFORMANT'S NAME First Middle Last

46. **Hall**  
INFORMANT'S NAME First Middle Last

47. **Retha**  
INFORMANT'S NAME First Middle Last

48. **Fox**  
INFORMANT'S NAME First Middle Last

49. **Patricia**  
INFORMANT'S NAME First Middle Last

50. **Niman**  
INFORMANT'S NAME First Middle Last

51. **P.O. Box 4434 West Columbia, SC 29171**  
MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip)

52. **daughter**  
RELATIONSHIP

53. **daughter**  
RELATIONSHIP

54. **Burial**  
BURIAL, CREMATION, REMOVAL (Specify)

55. **2-13-05**  
DISPOSITION DATE (Mo., Day, Year)

56. **Langley Cemetery**  
CEMETERY OR CREMATORY NAME

57. **Langley, SC, 29834 AikenCty**  
LOCATION (City or Town, State, Zip, County)

58. **Langley, SC, 29834 AikenCty**  
LOCATION (City or Town, State, Zip, County)

59. **Erin Rivers**  
FUNERAL DIRECTOR (Signature)

60. **2080**  
FUN. DIR. LICENSE NO.

61. **HATCHER FUNERAL HOME**  
NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)

62. **494**  
EST. LICENSE NO.

63. **494**  
EST. LICENSE NO.

64. **Erin Rivers**  
EMBALMER (Signature)

65. **2080**  
EMBALMER LICENSE NO.

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