

DOC # 0223631

01/04/2013 01:33 PM

Official Record

Recording requested By  
ALLISON, MACKENZIE, PAVLAKIS,

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$19.00 Page 1 of 6  
RPTT: Recorded By: LLH  
Book- 546 Page- 0194



0223631

APN: 18-182-03  
APN: 18-182-02  
When recorded return to:  
JOEL W. LOCKE, ESQ.  
ALLISON, MacKENZIE, PAVLAKIS,  
WRIGHT & FAGAN, LTD.  
402 North Division Street  
Carson City, NV 89703

GRANTEE/MAIL TAX STATEMENTS TO:

Barbara Mikesell  
P.O. Box 863  
Silver Springs, NV 89429-0863

The party executing this document hereby affirms  
that this document submitted for recording does  
not contain the social security number of any  
person or persons pursuant to NRS 239B.030

AFFIDAVIT OF DEATH OF JOINT TENANT

STATE OF NEVADA            )  
  : ss.  
COUNTY OF LYON            )

BARBARA G. MIKESELL does hereby subscribe and swear under penalty of  
perjury that the following assertions are true:

1. That FLOYD G. RINEHOLD was a grantee in those certain Grant Deeds  
dated May 23, 2007, Document Nos. 406845 and 406847, wherein BARBARA G. MIKESELL  
is the party of the first part, and BARBARA G. MIKESELL and FLOYD G. RINEHOLD, are the  
parties of the second part, as joint tenants, with right of survivorship, conveying to said parties  
of the second part all the right, title and fee interest of the party of the first part in that certain lot,  
piece or parcel of land situate in County of Lyon, state of Nevada, and more particularly described  
as follows:

(See Exhibit "1" attached hereto and incorporated herein by this reference.)

That the said Deeds were recorded on May 23, 2007, in the Official Records of Eureka County, Nevada, as Document Nos. 406845 and 406847.

2. That FLOYD G. RINEHOLD, one of the joint tenant parties of the second part in said Deeds, died on December 6, 2009, in Lyon County, Nevada, and is the identical person named in that certified copy of death certificate attached hereto as Exhibit "2" and incorporated herein by this reference.

3. That the affiant is the surviving joint tenant.

4. That this affidavit is executed pursuant to NRS 111.365.

DATED on December 27, 2012.

*Barbara G. Mikezell*  
BARBARA G. MIKESELL

On December 27, 2012, personally appeared before me, a notary public, BARBARA G. MIKESELL, personally known (or proved) to me to be the person whose name is subscribed to the foregoing Affidavit of Death of Joint Tenant, who acknowledged to me that she executed the foregoing document.

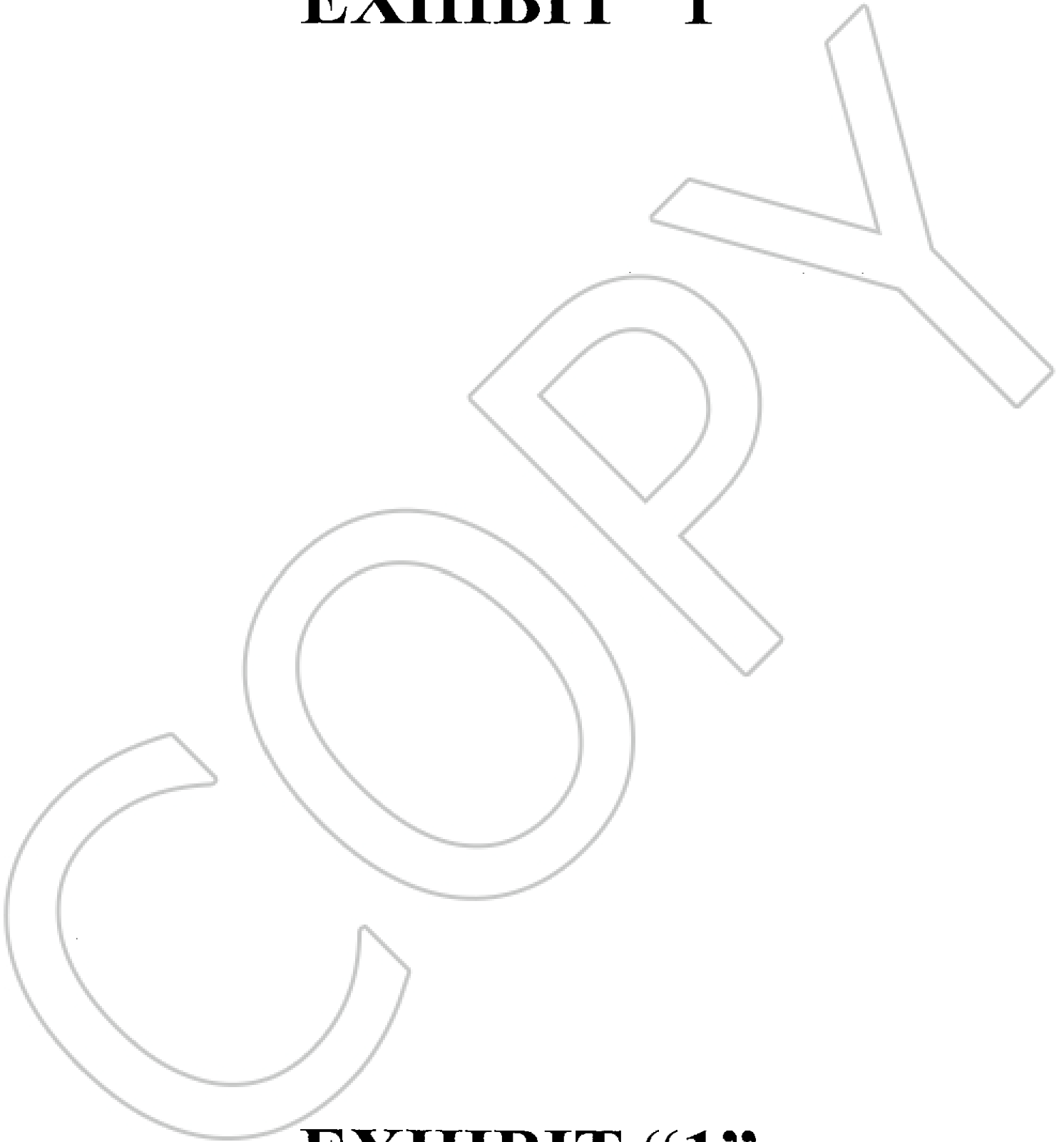
*Lynn Elizabeth Lacy*  
Lynn Elizabeth Lacy  
NOTARY PUBLIC - STATE OF NEVADA  
My Appointment Expires 02/01/2015  
Appointment No. 11-4078-12  
12-27-2012

*Lynn Elizabeth Lacy*  
NOTARY PUBLIC

STATE OF NEVADA  
COUNTY OF Lyon  
SIGNED & SWORN BEFORE ME ON THE  
DATE 12/27/2012 BY Lynn Elizabeth Lacy  
Lynn Elizabeth Lacy (exp 02/01/2015)



# EXHIBIT "1"



# EXHIBIT "1"

EXHIBIT 1

All that certain parcel of real property commonly known as 1085 Tonapah Street, City of Silver Springs, situate in county of Lyon, state of Nevada, more particularly described as follows:

Lot 24 and the West one half of Lot 25, Block 39, Silver Springs Subdivision, situated in Section 19, Township 18 North Range 25 East, MDB&M, as shown on the official map thereof; filed in the office of the Recorder of Lyon County, Nevada, on August 16, 1950, under Document No. 58185, and amended map filed November 8, 1954, under Document No. 66537.

Together with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Assessor's Parcel Number 18-182-03

(Pursuant to NRS 111.312 this legal description was previously recorded as Document 406845 on May 23, 2007.)

All that real property commonly known as 1410 Virginia Street, City of Silver Springs, situate in the County of Lyon, State of Nevada, more particularly described as follows:

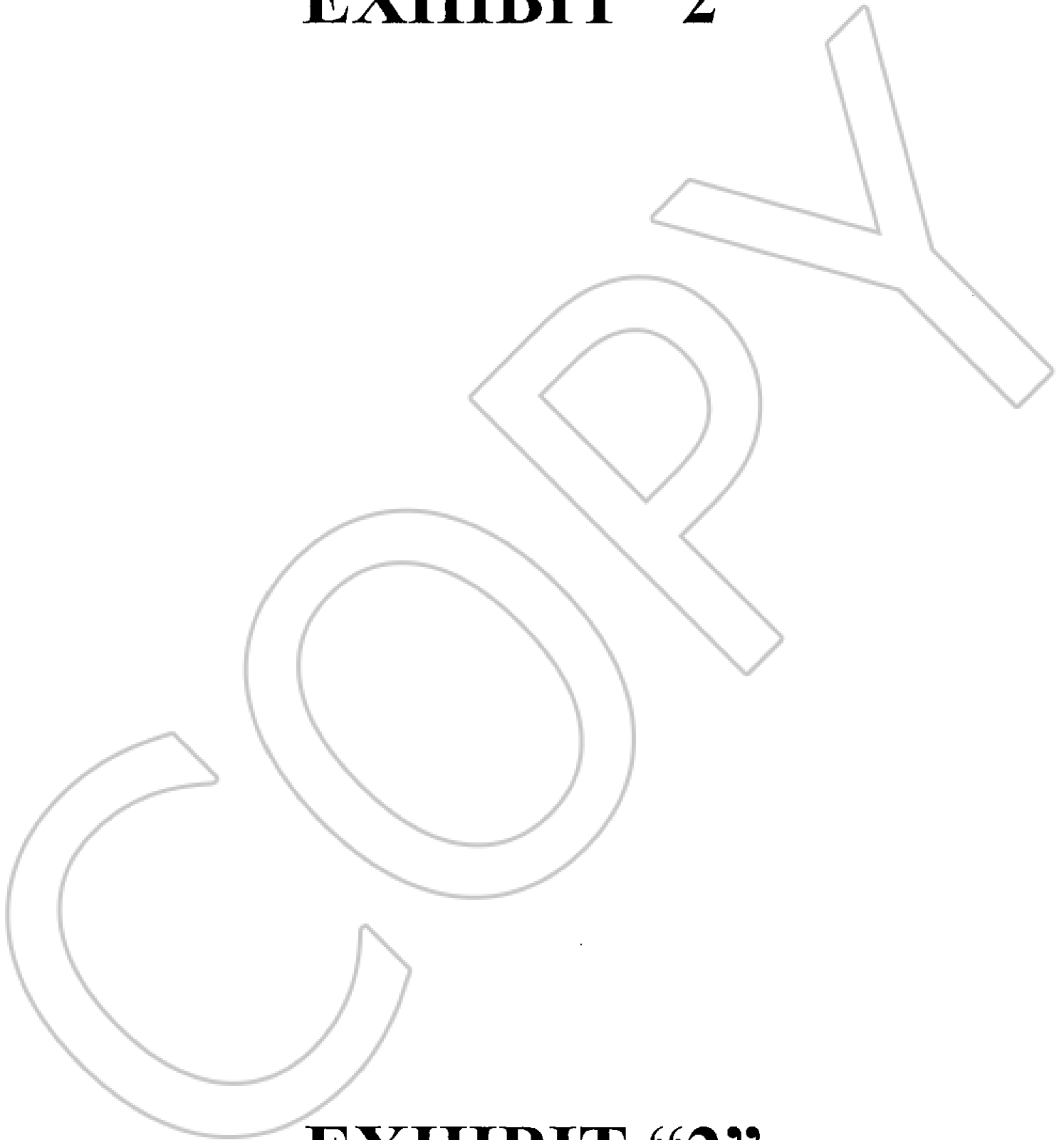
The east ½ of lot 25 and all of lot 26 in Block 39 Silver Springs Subdivision, situate in section 19, Township 18 North, Range 25 East M.D.B.&M., as shown on the Official Map recorded in the office of the County Recorder on August 16, 1950, as Document No. 58185, and amended Map recorded November 8, 1954, Document No. 66537, Lyon County Records.

Together with the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Assessor's Parcel Number 18-182-02

(Pursuant to NRS 111.312 this legal description was previously recorded as Document No. 406847 on May 23, 2007.)

# EXHIBIT "2"



# EXHIBIT "2"

**STATE OF NEVADA**  
**CERTIFICATION OF VITAL RECORD**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**DIVISION OF HEALTH VITAL STATISTICS**

**CERTIFICATE OF DEATH**

**2009018199**  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEASED

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) Floyd George RINEHOLD		2. DATE OF DEATH (Mo/Day/Year) December 06, 2009		3a. COUNTY OF DEATH Lyon	
3b. CITY, TOWN, OR LOCATION OF DEATH Silver Springs		3c. HOSPITAL OR OTHER INSTITUTION Name (If not either, give street and number) 1085 Tonopah St.		3e. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
4. SEX Male		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 72	
5. RACE: White (Specify)		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) December 09, 1936		9a. STATE OF BIRTH (If not U.S.A. name country) Washington		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		12. SURVIVING SPOUSE (If wife, give maiden name)	
13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Electrician		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE STATE Nevada		15b. COUNTY Lyon		15c. CITY, TOWN OR LOCATION Silver Springs	
15d. STREET AND NUMBER 1085 Tonopah St.		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? Yes	
16. FATHER/PARENT NAME (First, Middle, Last, Suffix) George RINEHOLD			17. MOTHER/PARENT NAME (First Middle Last Suffix) Hilda Irene STEWART		
18a. INFORMANT NAME (Type or Print) Barbara MIKESSELL		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) P.O. Box 863 Silver Springs, Nevada 89429			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY NAME Walton's Sierra Crematory		19c. LOCATION: City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR'S SIGNATURE (Or Person Acting as Such) RICK NOEL SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 620		20c. NAME AND ADDRESS OF FACILITY Capitol City Memorial Cremation and Burial Society 1614 N Curry Street Carson City, NV 89703	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KELLE BROGAN M.D. SIGNATURE AUTHENTICATED					
21b. DATE SIGNED (Mo/Day/Yr) December 10, 2009		21c. HOUR OF DEATH 02:00		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	
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)		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH	
22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)			
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Kelle Brogan M.D. 18653 Wedge Pkwy Reno, NV 89511				23b. LICENSE NUMBER 6000	
24a. REGISTRAR (Signature) CHRISTINA GRIFFITH SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 14, 2009		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:		(a) Chronic obstructive pulmonary disease		Interval between onset and death	
(b) Cardiomypathy		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) Coronary artery disease		DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(d)		DUE TO, OR AS A CONSEQUENCE OF		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) No		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. CITY OR TOWN STATE	

STATE REGISTRAR

459913

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:

NOV 27 2012

STATE REGISTRAR

This copy is not valid unless prep.

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Book 546

01/04/2013

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