

APN: 005-740-12

DOC # **0230984**

MAIL STATEMENTS TO:

Keith W. Rasmussen  
PO Box 614  
Goldfield, NV 89013

03/04/2016 02:19 PM

**Official Record**

Recording requested By  
RASMUSSEN, KEITH W.

Eureka County - NV  
Sara Simmons - Recorder

Fee: \$16.00 Page 1 of 3  
RPTT: Recorded By: SGS  
Book- 589 Page- 0088

Please complete Affirmation Statement below:

I the undersigned hereby affirm that the attached document, included any exhibits, hereby submitted for recording does not contain the personal information of any person or persons (per NRS 239B.030)

OR

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the personal information of a person or persons as required by law:

40.525  
(state specific law)

*Keith Rasmussen* owner  
Signature (print name under signature) Title

Keith Rasmussen  
AFFIDAVIT - DEATH OF JOINT TENANT

The undersigned being first duly sworn, deposes and says:

That Jeanette M. Rasmussen, the decedent

Died on (Date) 6-27-2013, at (Place of Death) Nye

As mentioned in the attached certified copy of Certificate of Death,

is the same person as Jeanette M. Rasmussen

Named as one of the parties in that certain (type) quitclaim deed

Dated 3-19-2013, executed by Jeanette M., Keith

W. Rasmussen to (name and

relationship) Keith W. Rasmussen, husband

as joint tenants, recorded as File No. 223880 on 3/19/2013

in Book 548, page 95 of Official Records



of Eureka County, Nevada, covering the following described property situated in \_\_\_\_\_, County of Eureka, State of Nevada:

Legal Description:

Parcel 10 as per file map # 145741  
T 30N, R 48E, Sec 35

Dated: 2 March 16

[Signature]  
SIGNATURE

Keith Rasmussen  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

STATE OF Nevada )

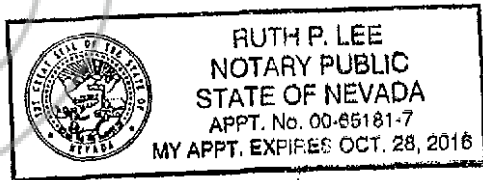
COUNTY OF Esmeralda )

On 2 March 2016, personally  
Appeared before me, a Notary Public,

Keith W. Rasmussen

personally known or proved to me to be the person(s) whose name(s) is/are subscribed to the above instrument, who acknowledge that he executed the above instrument.

[Signature]  
My commission expires:



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

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

2013012729  
STATE FILE NUMBER

TYPE OF PRINT IN PERMANENT BLACK INK	1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>Jeannette KUNKEL-RASMUSSEN</b>		2. DATE OF DEATH (Mo/Day/Year) <b>June 27, 2013</b>		3a. COUNTY OF DEATH <b>Nye</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Tonopah</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) <b>Nye Regional Medical Center</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. (Inpatient) (Specify) <b>Inpatient</b>	
DECEDENT	4. SEX <b>Female</b>		5. RACE <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
	7a. AGE - Last birthday (Years) <b>76</b>		7b. UNDER 1 YEAR MOS   DAYS   HOURS   MINS		7c. UNDER 1 DAY	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	8. DATE OF BIRTH (Mo/Day/Yr) <b>February 28, 1937</b>		9a. STATE OF BIRTH (If not U.S.A. name country) <b>California</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
	10. EDUCATION <b>14</b>		11. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) <b>Married</b>		12. SURVIVING SPOUSE (if wife, give maiden name) <b>William RASMUSSEN</b>	
PARENTS	13. SOCIAL SECURITY NUMBER		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <b>Deputy Auditor Recorder</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>County Government</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Esmeralda</b>		15c. CITY, TOWN OR LOCATION <b>Goldfield</b>	
DISPOSITION	15d. STREET AND NUMBER <b>412 2nd Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Ernest Glenwood NELSON</b>	
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Helen Jeanette ROWE</b>		18a. INFORMANT - NAME (Type or Print) <b>Keith William RASMUSSEN</b>		18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) <b>412 2nd Street Goldfield, Nevada 89013</b>	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Palm Crematory</b>		19c. LOCATION - City or Town - State <b>Las Vegas Nevada 89101</b>	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>BART BURTON</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>50</b>		20c. NAME AND ADDRESS OF FACILITY <b>Neptune Society</b> <b>8570 Del Webb Blvd. Las Vegas NV 89134</b>	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) <b>VINCENT SCOCCIA DO</b> SIGNATURE AUTHENTICATED		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)			
	21b. DATE SIGNED (Mo/Day/Yr) <b>July 11, 2013</b>		21c. HOUR OF DEATH <b>17:35</b>		22b. DATE SIGNED (Mo/Day/Yr)	
REGISTRAR	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>VINCENT SCOCCIA DO 825 S. Main Street Tonopah, NV 89049</b>				23b. LICENSE NUMBER <b>869</b>	
CAUSE OF DEATH	24a. REGISTRAR (Signature) <b>BIANCA GALEANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 05, 2013</b>		24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
	25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I. (a) <b>Cardiopulmonary Compromise</b> Interval between onset and death: <b>Hours</b> (b) <b>Metastatic Colon Cancer</b> Interval between onset and death: <b>Years</b> (c) <b>Malnutrition</b> Interval between onset and death: <b>Years</b> (d) <b>Malnutrition</b> Interval between onset and death: <b>Years</b>				26. AUTOPSY (Specify Yes or No) <b>No</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	PART II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part I.				27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>	
	28a. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION - STREET OR R.F.D. No. - CITY OR TOWN - STATE		

STATE REGISTRAR



Book: 589    Page: 90    03/04/2016  
Page: 3 of 3

AKA: Jeannette RASMUSSEN-KUNKEL  
AKA: Helen Jeannette KUNKEL-RASMUSSEN

**495282**

**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:

08/05/2013

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

*Rodolfo*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

