

DOC# 231089

04/12/2016 02:26PM

Official Record

Requested By STEWART TITLE ELKO

Eureka County - NV

Sara Simmons - Recorder

Page: 1 of 3 Fee: \$16.00

Recorded By LH RPTT: \$0.00

Book- 0589 Page- 0414



0231089

A.P.N. No.:	005-240-37
Escrow No.:	01415-20933
Recording Requested By:	
Stewart Title	
Mail Tax Statements To:	Same as below
When Recorded Mail To:	
Donald James	
PO Box 451	
Elko, NV 89803	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
County of Elko) ss.

Donald James, of legal age, being first duly sworn, deposes and says: That Dorthey Mae James, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Dorthey James named as one of the parties in that certain Joint Tenancy Deed dated July 10, 2012, executed by Don James to Donald or Dorthey James, as joint tenants, recorded as Document No. 0220770, on July 13, 2012 in Book 534, Page 0004 of Official Records of Eureka County, Nevada, covering the following described property situated in Eureka County, State of Nevada.

SEE EXHIBIT "A" ATTACHED HERETO

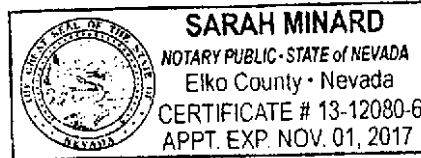
Dated: 3/25/2016

Donald James
Donald James

State of Nevada)
County of Elko) ss.

This instrument was acknowledged before me on 25th day of MARCH, 2016

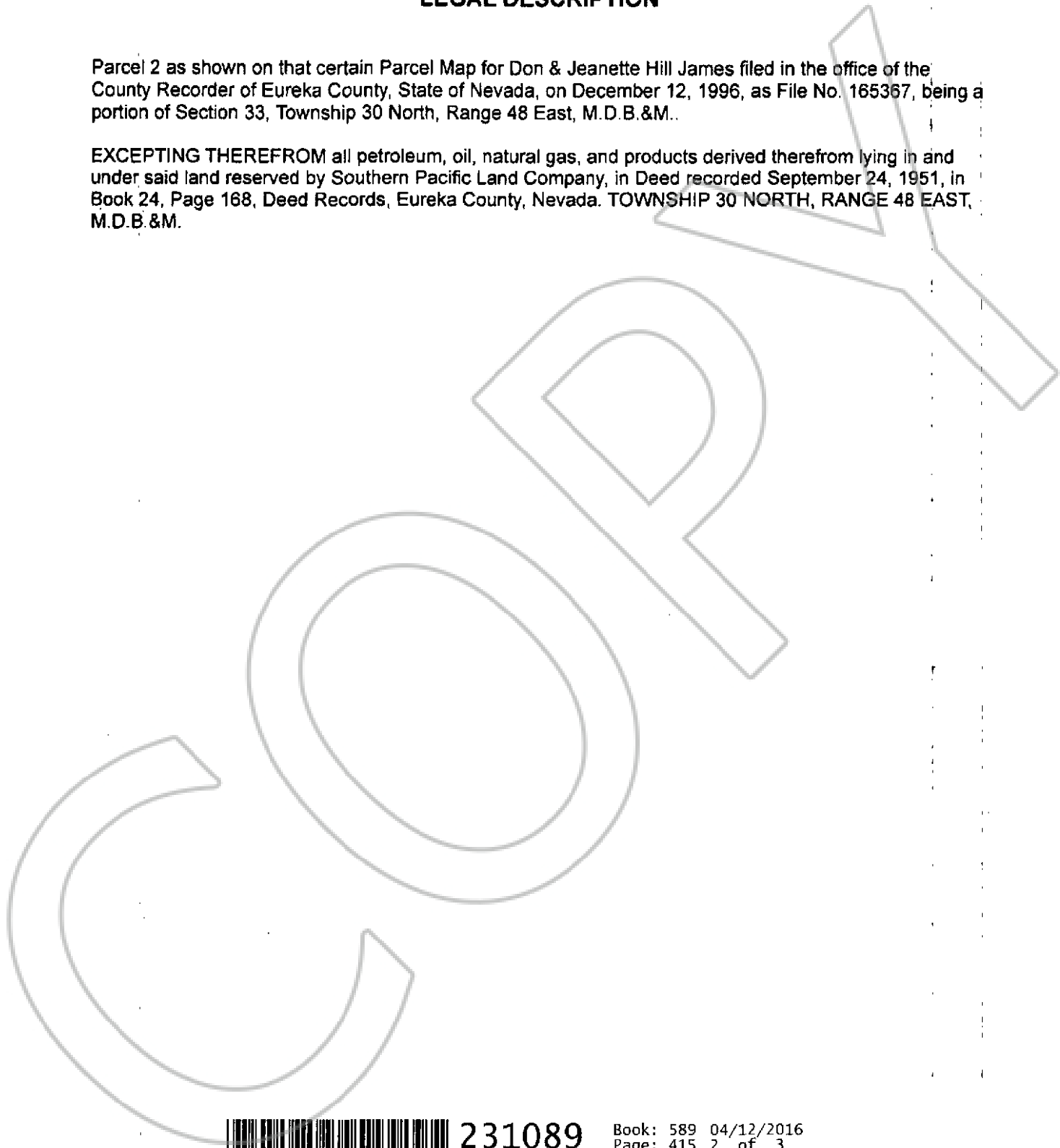
By: Donald James
Signature: Sarah Minard
Notary Public



**EXHIBIT "A"
LEGAL DESCRIPTION**

Parcel 2 as shown on that certain Parcel Map for Don & Jeanette Hill James filed in the office of the County Recorder of Eureka County, State of Nevada, on December 12, 1996, as File No. 165367, being a portion of Section 33, Township 30 North, Range 48 East, M.D.B.&M..

EXCEPTING THEREFROM all petroleum, oil, natural gas, and products derived therefrom lying in and under said land reserved by Southern Pacific Land Company, in Deed recorded September 24, 1951, in Book 24, Page 168, Deed Records, Eureka County, Nevada. TOWNSHIP 30 NORTH, RANGE 48 EAST, M.D.B.&M.



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(One Inch Margin on all sides of Document for Recorder's Use Only)

STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

2012019791
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION USE HUSBAND OR WIFE REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH HAVE BORN TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Dorthey Mae JAMES		2. DATE OF DEATH (Mo/Day/Year) November 17, 2012		3a. COUNTY OF DEATH Elko	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION - Name (if not either, give street and number) 3340 W Idaho St #5		3d. If Hosp. or Inst. Indicate DOA, OPI, Emer. Rm. Inpatient (Specify) Relative's Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE Last birthday (Years) 53	
7b. UNDER 1 YEAR MO: 03		7c. UNDER 1 DAY HOURS: 00		7d. DATE OF BIRTH (Mo/Day/Year) January 17, 1959	
9a. STATE OF BIRTH (if not U.S.A. name country) California		9b. CITIZEN OF WHAT COUNTRY? United States		10. EDUCATION 9	
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Donald JAMES		13. SOCIAL SECURITY NUMBER 03	
14a. USUAL OCCUPATION (Give kind of work done during most of Working Life, Even if Retired) Safety Director		14b. KIND OF BUSINESS OR INDUSTRY Mining		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Elko	
15d. STREET AND NUMBER 3340 W Idaho St #3		15e. INBOX CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Carl BREWER	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Lillian CAMPBELL		18a. INFORMANT: NAME (Type or Print) Donald JAMES		18b. MAILING ADDRESS (Street, P.O. Box, City or Town, State, Zip) P.O. Box 451 Elko, Nevada 89803	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION - City or Town - State Elko Nevada 89803	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 669 Elko NV 89803	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) WILLIAM WEBB CORONER		21b. DATE SIGNED (Mo/Day/Year) December 16, 2012		21c. HOUR OF DEATH 05:06	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Webb, William		22a. PRONOUNCED DEAD (Mo/Day/Year) November 17, 2012		22b. PRONOUNCED DEAD AT (Hour) 05:06	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) William Webb CORONER, 569 Court St Elko, NV, 89801		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) NICOLE SHORE	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) December 17, 2012		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)) Cancer (bone)	
(a) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(b) DUE TO, OR AS A CONSEQUENCE OF:	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		(d) DUE TO, OR AS A CONSEQUENCE OF:	
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. ADL, SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Year)		28c. HOUR OF INJURY	
28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. LOCATION - STREET OR R.F.D. No.		28f. CITY OR TOWN	
28g. STATE		28h. HOW INJURY OCCURRED		28i. LOCATION - STREET OR R.F.D. No.	

STATE REGISTRAR

AKA: Dorthey M JAMES

VRS-Rev-2012022a

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: **12/18/2012**

[Signature]
SIGNATURE AUTHENTICATED

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



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