

DOC # 0231746

08/05/2016

11:01 AM

Official Record

Recording requested By
BONNIE ANDERSEN

Eureka County - NV

Sara Simmons - Recorder

Fee: \$16.00

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RPTT:

Recorded By: LH

Book- 593 Page- 0174

WHEN RECORDED MAIL TO

NAME Sonya Morris

ADDRESS 4445 N Campbell Rd

CITY Las Vegas

STATE & ZIP NV, 89129



0231746

APN No 007 -140-06

AFFIDAVIT OF DEATH OF JOINT TENANT

State of Nevada

County of Eureka } ss

Bonnie G Andersen, of legal age, being first duly sworn,
deposes and says:

That Harlow Balmforth Andersen, the decedent mentioned in the attached
certified copy of Certificate of Death, is the same person as
Harlow B Andersen named as one of the
parties in that certain grant Bargain Sale Deed dated 24 April, 1972, executed
by

Hobert B and Marilyn Hall

Harlow B Andersen and Bonnie G Andersen to
as joint tenants, recorded as Instrument No. 55993 on

Official in Book 42, Page 318, of
Records of Eureka County, Nevada, covering the
following described property situated in the said County, State of Nevada:

Township 22 North, Range 54 E, MDB&M

Section 7: Lots 1, 2; NE 1/4; NE 1/4 SW 1/4; NW 1/4 SE 1/4;

That the value of all real and personal property owned by said decedent at date of death, including the full
value of the property above described, did not then exceed the sum of
\$ 242,794

Dated

Bonnie G Andersen

Bonnie G Andersen

Affidavit of Death of Joint Tenant APN no 007-140-06

State of Nevada

County of Eureka

Subscribed and sworn to (or affirmed) before

me Kathy Bacon-Bowling on this 3rd day of Aug, 2016, by
Bonnie G. Andersen, proved to me on the basis of satisfactory evidence to be the person(s) who
appeared before me.

Signature Kathy Bacon-Bowling Seal



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STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC AND BEHAVIORAL HEALTH VITAL STATISTICS

CASE FILE NO: 3901424

CERTIFICATE OF DEATH

2016011691

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK DECEDENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS PARENTS DISPOSITION GRADE 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) Harlow Balmforth ANDERSEN		2. DATE OF DEATH (Mo/Day/Year) June 28, 2016		3a. COUNTY OF DEATH Clark			
	3b. CITY, TOWN, OR LOCATION OF DEATH Las Vegas		3c. HOSPITAL OR OTHER INSTITUTION-Name (If not either, give street and apt. If Hosp. or Inst. indicate 30A/OP/Emer. Rm. Inpatient (Specify). Mountains Edge Hospital		4. SEX Male			
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81		7b. UNDER 1 YEAR MOS DAYS HOURS MINS		
7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) February 17, 1935		9a. STATE OF BIRTH (If not US/CA, name country) Idaho			9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 14		11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Bonnie GROVER			13. SOCIAL SECURITY NUMBER 1837	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) Bus Driver		14b. KIND OF BUSINESS OR INDUSTRY Transportation		14c. Ever in US Armed Forces? No			15a. RESIDENCE - STATE Nevada	
15b. COUNTY Clark		15c. CITY, TOWN OR LOCATION North Las Vegas		15d. STREET AND NUMBER 3028 Harewood Circle		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		
16. FATHER/PARENT-NAME (First Middle Last Suffix) Albert ANDERSEN				17. MOTHER/PARENT-NAME (First Middle Last Suffix) Sarah BALMFORTH				
18a. INFORMANT-NAME (Type or Print) Nikki MORROW				18b. MAILING ADDRESS (Street or R.F.D. No. City or Town, State, Zip) 5512 Hawley Court Las Vegas, Nevada 89118				
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME La Paloma Funeral Services		19c. LOCATION City or Town, State Las Vegas Nevada				
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) EDWARD R RODRIGUEZ		20b. FUNERAL DIRECTOR LICENSE NUMBER FD892		20c. NAME AND ADDRESS OF FACILITY Simple Cremation and Burial Services, Durango 4955 South Durango Dr #206 Las Vegas NV 89133				
TRADE CALL - NAME AND ADDRESS:								
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature & Title) JENNIFER G LISING M.D.				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) June 30, 2016		21c. HOUR OF DEATH 20:58		22b. DATE SIGNED (Mo/Day/Yr)		22c. HOUR OF DEATH		
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Humayun M.D.				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) Jennifer G Lising M.D. 2716 N Tenaya Way Las Vegas, NV 89128								
24a. REGISTRAR (Signature) NANCY BARRY				24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 30, 2016		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) Cardiopulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF: (b) Large Acute Cerebrovascular Accident DUE TO, OR AS A CONSEQUENCE OF: (c) Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (d) Hypertension								
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1. Diabetes Mellitus								
26a. ACC., SUICIDE, HOMICIDE, OR PENDING INVESTIGATION (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY		26d. DESCRIBE HOW INJURY OCCURRED		
26e. INJURY AT WORK (Specify Yes or No)		26f. PLACE OF INJURY- At home, farm, street, factory, office building, etc. (Specify)		26g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) No		
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No								

LOCAL REGISTRAR



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"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Southern Nevada Health District from State certified documents authorized by state Board of Health pursuant to NRS 440.175.

VR5-Rev-20120523a



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JUL 20 2016

Registrar of Vital Statistics

By:

Camela Thomas

DATE ISSUED:

This copy not valid unless prepared on watermarked security paper displaying date, seal and signature of Registrar.
SOUTHERN NEVADA HEALTH DISTRICT • P.O. Box 3902 • Las Vegas, NV 89127 • 702-759-1010 • Tax ID # 88-0151573

