

DOC # 0232736

03/28/2017 02:23 PM

Official Record
Recording requested By
MACEDON ERQUIAGA

Eureka County - NV
Lisa Hoehne - Recorder

Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: CH
Book- 600 Page- 0086

**The following document contains
a Social Security number pursuant
to the provisions of NRS 40.525**

Assessor's parcel #:
007-140-12

Recording Requested by and
return to:
Mackedon Erquiaga, PC
Post Office Box 1203
Fallon, NV 89407



AFFIDAVIT OF DEATH OF JOINT TENANT

(Beneficial Interest)

STATE OF NEVADA)
 : ss.
County of Churchill)

JAMES E. CROMWELL, being of legal age, being first duly
sworn, deposes and says:

That ROBIN JANE CROMWELL, who died on the 24th day of
June, 2016, and as named in the attached Certificate of Death
and is the same person named as one of the parties in the
following Deeds of Trust and/or Deeds of Trust with Assignment
of Rents:

- 1.**
Document: A Deed of Trust dated March 5, 2004 given
as security for a Promissory Note of even
date in the fact amount of \$160,000.00
- Trustor: Mark Moyle Farms, LLC, a Nevada limited
Liability company;
- TRUSTEE: Stewart Title of Northeastern Nevada

Beneficiary: James Cromwell and Robin Cromwell, husband and wife as joint tenants with right of survivorship

Recorded: March 5, 2004, Book 376, Page 85
Document No. 185747, Eureka County
Recorder's Office;

2

Document: A Deed of Trust dated September 10, 2015 given as security for a Promissory Note of even date in the face amount of \$150,000.00

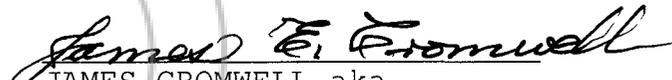
Trustor: Mark Moyle Farms, LLC, a Nevada limited Liability company;

Trustee: Western Nevada Title Company, a Nevada Corporation;

Beneficiary: James Cromwell and Robin Cromwell, husband and wife as joint tenants;

Recorded: September 21, 2015, Document #0229873, Official Records of Eureka County, Nevada;

DATED: This 22 day of March, 2017.

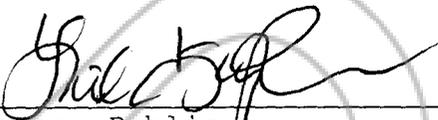

JAMES CROMWELL aka
JAMES E. CROMWELL

STATE OF NEVADA)
 : ss.
County of Churchill)

On this 22 day of March, 2017, personally appeared before me, a Notary Public, in and for the county and state aforesaid, JAMES CROMWELL, known to me or who proved to me to be the person, described in and who executed the above

and foregoing instrument; who acknowledged to me that he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above-written.



Notary Public



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3900890

2016011388
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

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) Robin Jane CROMWELL		2. DATE OF DEATH (Mo/Day/Year) June 24, 2016		3a. COUNTY OF DEATH Churchill	
3b. CITY, TOWN, OR LOCATION OF DEATH Fallon		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street or Inpatient)(Specify) Residence 1195 Clyde Jr Road Home		4. SEX Female	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 77	
9a. STATE OF BIRTH (If not US/CA, name country) Washington		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) James Edward CROMWELL		8. DATE OF BIRTH (Mo/Day/Yr) May 05, 1939	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Churchill		15c. CITY, TOWN OR LOCATION Fallon	
15d. STREET AND NUMBER Residence 1195 Clyde Jr Road		15e. INSIDE CITY LIMITS (Specify Yes or No) No		Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Matthew Valentine MUCYNSKI			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Helen SAXE		
18a. INFORMANT-NAME (Type or Print) James Edward CROMWELL		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1195 Clyde Jr Road Fallon, Nevada 89406			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME The Gardens		19c. LOCATION City or Town State Fallon Nevada 89406	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) LORRETTA GUZZINI		20b. FUNERAL DIRECTOR LICENSE NUMBER 600		20c. NAME AND ADDRESS OF FACILITY The Gardens 2949 Austin Hwy Fallon NV 89406	
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) REED DOFF 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 27, 2016		21c. HOUR OF DEATH 11:20		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. 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) Reed Doff M.D. 18653 Wedge Pkwy Reno, NV 89511				23b. LICENSE NUMBER 13920	
24a. REGISTRAR (Signature) SHERRIE A CONNELL		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 27, 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) Terminal Complications Of Malignant Glioblastoma Multiforme					
DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death Months					
(b) DUE TO, OR AS A CONSEQUENCE OF: Interval between onset and death					
(c) 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



Book 600 03/28/2017
Page: 89 Page: 4 of 4



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: 6/30/2016

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

Cody D. Phinney
STATE REGISTRAR
SIGNATURE AUTHENTICATED



VRS-Rev-20120523a