

APN# 007-140-09

DOC # 0232902

04/21/2017 09:41 AM

Official Record
Recording requested By
DAVID ANGOVE

Recording Requested by/Mail to:

Name: DAVID ANGOVE

Address: PO BOX 825

City/State/Zip: EUREKA NV 89316

Eureka County - NV
Lisa Hoehne - Recorder
Fee: \$17.00 Page 1 of 4
RPTT: Recorded By: CH
Book- 601 Page- 0002



0232902

Mail Tax Statements to:

Name: DAVID ANGOVE

Address: PO BOX 825

City/State/Zip: EUREKA NV 89316

AFFIDAVIT OF DEATH

Title of Document (required)

------(Only use if applicable)-----

The undersigned hereby affirms that the document submitted for recording contains personal information as required by law: (check applicable)

- Affidavit of Death - NRS 440.380(1)(A) & NRS 40.525(5)
- Judgment - NRS 17.150(4)
- Military Discharge - NRS 419.020(2)


Signature

DAVID ANGOVE
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

\$1.00 Additional Recording Fee for Use of This Page

Recorded at the request of:

When recorded, mail to:

Mail tax statements to:

David Angove
PO Box 825
Eureka, Nevada 89316

AFFIDAVIT OF DEATH

APN: 007-140-09

David Llewellyn Angove, being first duly sworn, deposes and says:

1. Kathleen Miriam Welch Miles Angove, died on November 10, 2014, and a certified copy of her Death Certificate is attached hereto.

2. That at the date of death, the said Kathleen Miriam Welch Miles Angove was an owner with the affiant as community property with right of survivorship, of certain real property located in the County of Eureka, State of Nevada, described as:

W1/2SW1/4; SW1/4NW1/4 Section 8, Township 22 North, Range 54 East, M.D.B.&M. consisting of approximately 120.00 acres and commonly referred to as 1731 Keg Street, Eureka County, Nevada.

TOGETHER with all building and improvements thereon.

TOGETHER WITH all and singular the tenements, hereditaments, easements and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof, or of any part thereof, and, specifically, all right, title, and interest, if any, of grantors of, in, and to any streets, alleys, highways, and roads abutting the above-described premises to the center lines thereof.

SUBJECT TO all taxes, assessments, reservations, exceptions, easements, rights of way, limitations, covenants, conditions, restrictions, terms, liens, charges, legal proceedings and licenses affecting the property of record.



3. That said community property with right of survivorship was created by a Deed dated May 21, 2009, and recorded on May 26, 2009, as Document Number 0213298, in the Eureka County Recorder's Office.

4. That upon the death of Kathleen Miriam Welch Miles Angove, the Affiant became the sole owner of the above-described property as his sole and separate property.

Dated this 21st day of April, 2017.



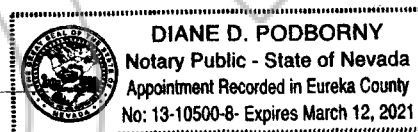
David Llewellyn Angove

STATE OF NEVADA)
 : ss.
COUNTY OF EUREKA)

Subscribed and Sworn to me on April 21st, 2017, by David Llewellyn Angove who personally appeared before me, a Notary Public, and executed the above document.



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

2014019128
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Kathleen Welch ANGOVE		2. DATE OF DEATH (Mo/Day/Year) November 10, 2014		3a. COUNTY OF DEATH Eureka		
	3b. CITY, TOWN, OR LOCATION OF DEATH Eureka		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) 191 South Main Street		3e. If Hosp. or Inst. indicate DOA,OP/Emer. Rm. Inpatient(Specify) Home		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 66		
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 17, 1948		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not U.S.A., name country) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 14		
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) David ANGOVE		13. SOCIAL SECURITY NUMBER [REDACTED]		
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Grocery Store		Ever in US Armed Forces? No		
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka		
DISPOSITION	15d. STREET AND NUMBER 191 South Main Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER/PARENT - NAME (First Middle Last Suffix) Robert WELCH		
	17. MOTHER/PARENT - NAME (First Middle Last Suffix) Miriam COOMS		18a. INFORMANT- NAME (Type or Print) David ANGOVE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 191 South Main Street Eureka, Nevada 89316		
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Cedar Hills Cemetery		19c. LOCATION City or Town State Eureka Nevada 89316		
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 889 Elko NV 89803		
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)		21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Jones, Kenneth E		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) KENNETH E JONES SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) November 19, 2014		
REGISTRAR	22c. HOUR OF DEATH 13:09		22d. PRONOUNCED DEAD (Mo/Day/Yr) November 10, 2014		22e. PRONOUNCED DEAD AT (Hour) 13:20		
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316				23b. LICENSE NUMBER		
CAUSE OF DEATH	24a. REGISTRAR (Signature) RHONDA PENA SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) November 21, 2014		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) Stomach Cancer		Interval between onset and death Unknown		Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		Interval between onset and death		
	(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		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) Yes	
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

3801045

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VRS-Rev-20120523a

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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: 11/24/2014

R. J. White
STATE REGISTRAR
SIGNATURE AUTHENTICATED

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

