

APN# 007-140-09

Recording Requested by/Mail to:

Name: DAVID ANGOVE

Address: PO BOX 825

City/State/Zip: EUREKA NV 89316

Mail Tax Statements to:

Name: DAVID ANGOVE

Address: PO BOX 825

City/State/Zip: EUREKA NV 89316

**DOC # 0232902**

04/21/2017

09:41 AM

**Official Record**

Recording requested By  
DAVID ANGOVE

Eureka County - NV  
Lisa Hoehne - Recorder

Fee: \$17.00

Page 1 of 4

RPTT:

Recorded By: CH

Book- 601 Page- 0002



0232902

## 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.

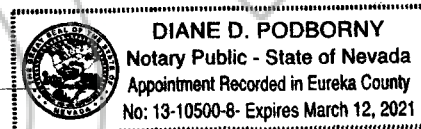
Dated this 21<sup>st</sup> day of April, 2017.

  
David Llewellyn Angove

STATE OF NEVADA       )  
                                  : ss.  
COUNTY OF EUREKA    )

Subscribed and Sworn to me on April 21<sup>st</sup>, 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

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) <b>Kathleen Welch ANGOVE</b>		2. DATE OF DEATH (Mo/Day/Year) <b>November 10, 2014</b>		3a. COUNTY OF DEATH <b>Eureka</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Eureka</b>		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street and number) <b>191 South Main Street</b>		3e. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE <b>White</b> (Specify)		6. Hispanic Origin? Specify <b>No - Non-Hispanic</b>	
7a. AGE - Last birthday (Years) <b>66</b>		7b. UNDER 1 YEAR <b>MOS</b>		7c. UNDER 1 DAY <b>HOURS</b>	
8. DATE OF BIRTH (Mo/Day/Yr) <b>June 17, 1948</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>David ANGOVE</b>	
13. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Bookkeeper</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>Grocery Store</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>	
15d. STREET AND NUMBER <b>191 South Main Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Robert WELCH</b>	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Miriam COOMS</b>		18a. INFORMANT - NAME (Type or Print) <b>David ANGOVE</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>191 South Main Street Eureka, Nevada 89316</b>	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Cedar Hills Cemetery</b>		19c. LOCATION City or Town State <b>Eureka Nevada 89316</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>JASON MUTH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE <b>298</b>		20c. NAME AND ADDRESS OF FACILITY <b>Burns Funeral Home</b> <b>PO BOX 589 Elko NV 89803</b>	
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>Kenneth E Jones</b> SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) <b>November 19, 2014</b>		21c. HOUR OF DEATH <b>13:09</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Jones, Kenneth E</b>		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) <b>Kenneth E Jones</b> SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) <b>November 10, 2014</b>	
22c. HOUR OF DEATH <b>13:20</b>		22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>November 10, 2014</b>		22e. PRONOUNCED DEAD AT (Hour) <b>13:20</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Coroner Kenneth E Jones PO Box 736 Eureka, NV 89316</b>		23b. LICENSE NUMBER		24a. REGISTRAR (Signature) <b>RHONDA PENA</b> SIGNATURE AUTHENTICATED	
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>November 21, 2014</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).) <b>Stomach Cancer</b>	
25a. ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify)		25b. DATE OF INJURY (Mo/Day/Yr)		25c. HOUR OF INJURY	
25d. DESCRIBE HOW INJURY OCCURRED		25e. INJURY AT WORK (Specify Yes or No)		25f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
25g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25h. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25i. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25j. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25k. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25l. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25m. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25n. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25o. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25p. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25q. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25r. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25s. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25t. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25u. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25v. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25w. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25x. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25y. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25z. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25aa. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25ab. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ac. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ad. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25ae. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25af. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ag. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25ah. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ai. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25aj. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25ak. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25al. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25am. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25an. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ao. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ap. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25aq. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ar. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25as. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25at. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25au. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25av. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25aw. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ax. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ay. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25az. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25ba. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25bb. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25bc. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25bd. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25be. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
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25bx. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25by. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25bz. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
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25cx. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25cy. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25cd. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25cy. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25cz. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		25cd. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	
25cz. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE		26. AUTOPSY (Specify Yes or No) <b>NO</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	

STATE REGISTRAR



0232902

Book 601

04/21/2017

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VRS-Rev-20120523a



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

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

*R. J. White*  
STATE REGISTRAR  
SIGNATURE AUTHENTICATED

