

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)

*David Angove*  
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

 **DIANE D. PODBORNY**  
Notary Public - State of Nevada  
Appointment Recorded in Eureka County  
No: 13-10500-8- Expires March 12, 2021

**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) <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, OPEmer. Rm. Inpatient(Specify) <b>Home</b>		
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) <b>66</b>		
	7b. UNDER 1 YEAR MOS   DAYS		7c. UNDER 1 DAY HOURS   MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>June 17, 1948</b>		
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	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 [REDACTED]		
PARENTS	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>		Ever in US Armed Forces? <b>No</b>		
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Eureka</b>		15c. CITY, TOWN OR LOCATION <b>Eureka</b>		
DISPOSITION	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>		
TRADE CALL	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 889 Elko NV 89803</b>		
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) <b>Jones, Kenneth E</b>		22a. DATE SIGNED (Mo/Day/Yr) <b>November 19, 2014</b>		22c. HOUR OF DEATH <b>13:09</b>		
REGISTRAR	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>		
CAUSE OF DEATH	24c. DEATH DUE TO COMMUNICABLE DISEASE <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) <b>Stomach Cancer</b>		Interval between onset and death <b>Unknown</b>		
	DUE TO, OR AS A CONSEQUENCE OF:		(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	(c) DUE TO, OR AS A CONSEQUENCE OF:		(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) <b>NO</b>		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>		
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

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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.

