

**DOC # 0233180**

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**Official Record**

Recording requested By  
CASSIDY LAW OFFICES PC

**Eureka County - NV**

**Lisa Hoehne - Recorder**

Fee: \$17.00 Page 1 of 4  
RPTT: Recorded By: CH  
Book- 602 Page- 0026



0233180

APN: 005-700-09

Mail Tax Statements To:  
When Recorded Mail To:

Audrey Ann Noriega, Trustee  
THE AUDREY ANN NORIEGA  
REVOCABLE LIVING TRUST  
DATED APRIL 28, 2017  
1751 Fairhaven Street  
Las Vegas, Nevada 89108

**AFFIDAVIT OF DEATH OF A JOINT TENANT**

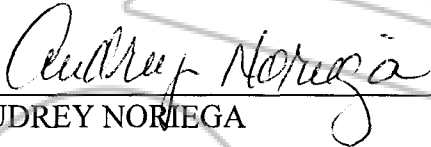
STATE OF NEVADA )  
 )ss.  
COUNTY OF CLARK )

AUDREY NORIEGA does hereby swear under penalty of perjury that the assertions of this affidavit are true, and declares the following:

1. That I am the surviving spouse of EULALIO G. NORIEGA who is deceased.
2. That EULALIO G. NORIEGA died in the City of Las Vegas, County of Clark, State of Nevada, on or about the 19<sup>th</sup> day of August, 2016. A certified copy of the Death Certificate of the Deceased is attached to this Affidavit, marked Exhibit A.
3. On or about the 13<sup>th</sup> day of August, 2007, the undersigned and of EULALIO G. NORIEGA acquired title as Joint Tenants with Right of Survivorship to a parcel of real property situated in Eureka County, Nevada, by Deed Recorded as Document No. \*0210557. Said property is located as vacant land and is more particularly described as:

**NE4SE4 Section/Lot 31 Town/Block 29  
Range 49**

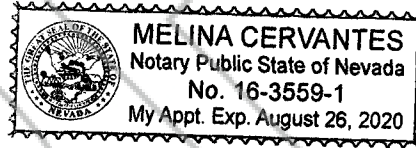
4. At the time of death of EULALIO G. NORIEGA, title to the real property described in paragraph three (3) above continued to be held by AUDREY NORIEGA AND EULALIO G. NORIEGA as Joint Tenants with Right of Survivorship. As a result of the death of EULALIO G. NORIEGA, and the joint tenancy form of title, the real property described in paragraph three (3) above is now owned by AUDREY NORIEGA.

  
\_\_\_\_\_  
AUDREY NORIEGA

STATE OF NEVADA            )  
  )ss.  
COUNTY OF CLARK        )

On the 28<sup>th</sup> day of April, 2017, personally appeared before me, a Notary Public in and for said County and State, AUDREY NORIEGA, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that she executed the instrument.

  
\_\_\_\_\_  
NOTARY PUBLIC



# EXHIBIT A

COPY

# 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. 3910635

2016015047  
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) <b>Eulalio George NORIEGA JR</b>		2. DATE OF DEATH (Mo/Day/Year) <b>August 19, 2016</b>		3a. COUNTY OF DEATH <b>Clark</b>	
	3b. CITY, TOWN, OR LOCATION OF DEATH <b>Las Vegas</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street and Inpatient (Specify) <b>1751 Fairhaven Street Home</b>		4. SEX <b>Male</b>	
DECEDENT	5. RACE (Specify) <b>White, American Indian,</b>		6. Hispanic Origin? Specify No- Non-Hispanic		7a. AGE-Last birthday (Years) <b>73</b>	
	7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) <b>April 02, 1943</b>	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name country) <b>Arizona</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>		10. EDUCATION <b>15</b>	
	11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Audrey Ann SCHWEITZER</b>			
PARENTS	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of) <b>Jet Air Craft Crew Chief</b>		14b. KIND OF BUSINESS OR INDUSTRY <b>United States Air Force</b>	
	15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Clark</b>		15c. CITY, TOWN OR LOCATION <b>Las Vegas</b>	
DISPOSITION	15d. STREET AND NUMBER <b>1751 Fairhaven Street</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>		Ever in US Armed Forces? <b>No</b>	
	16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Eulalio G NORIEGA</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Concepción Teresa OCHOA</b>		
TRADE CALL	18a. INFORMANT - NAME (Type or Print) <b>Audrey Ann NORIEGA</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>1751 Fairhaven Street Las Vegas, Nevada 89108</b>			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		19b. CEMETERY OR CREMATORY - NAME <b>Funeral Smith</b>		19c. LOCATION City or Town State <b>Henderson Nevada 89011</b>	
CERTIFIER	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>TYSON SMITH</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>707</b>		20c. NAME AND ADDRESS OF FACILITY <b>Boulder City Family Mortuary</b> <b>833 Nevada Hwy #1 Boulder City NV 89005</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>JONATHAN W VON KOENIG DO</b> SIGNATURE AUTHENTICATED					
REGISTRAR	21b. DATE SIGNED (Mo/Day/Yr) <b>August 23, 2016</b>		21c. HOUR OF DEATH <b>16:00</b>			
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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)		22b. DATE SIGNED (Mo/Day/Yr)	
CAUSE OF DEATH	22c. HOUR OF DEATH		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) <b>Jonathan W Von Koenig DO 4141 Swenson Street Las Vegas, NV 89119</b>				23b. LICENSE NUMBER <b>DO1963</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	24a. REGISTRAR (Signature) <b>NANCY BARRY</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>August 23, 2016</b>		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) <b>Metastatic Bronchogenic Carcinoma</b> Interval between onset and death DUE TO, OR AS A CONSEQUENCE OF: (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					
LOCAL REGISTRAR	PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				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		

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.

VRS-Rev-20120523a



303475

DATE ISSUED: **AUG 25 2016**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 # 88-0151753

Registrar of Vital Statistics

By:

