

APN# 001.134-04

Recording Requested by:

Name: Stewart Title Company
Address: P.O. Box 150214
City/State/Zip: Elko, NV 89315

EUREKA COUNTY, NV

2018-236175

Rec: \$35.00

\$35.00 Pgs=3

10/16/2018 10:20 AM

STEWART TITLE ELKO

LISA HOEHNE, RECORDER

Mail Tax Statements to:

Name: Christy C. Abercrombie
Address: 9648 Marigay St
City/State Zip: Las Vegas, NV 89129

Please complete Affirmation State below:

☐ I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons. (Per NRS 293B.030)

-OR-

☒ I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: 40.52 part 5
(State specific law)

Tracy Robison Agent Stewart Title Company
Signature (Print name under signature) Title

Affidavit - Death of Joint Tenant
(Title of Document)

Only use the following section if one item applies to your document

This document is being re-recorded to _____

-OR-

This document is being recorded to correct document # _____, and is correcting

If legal description is a metes & bounds description furnish the following information:

Legal description obtained from _____ (Document Title), Book _____
Page _____ Document # _____ recorded _____ (date) in the
White Pine County Records Office.

-OR-

If Surveyor, please provide name and address:

This page added to provide addition information required by NRS 111.312 Sections 1-4:
(Additional recording fee applies)

A.P.N. No.:	001-134-04
File No.:	265121
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Christy Abercrombie	
9640 Marigny Court	
Las Vegas, NV 89129	

AFFIDAVIT - DEATH OF JOINT TENANT

State of Nevada)
) ss
 County of Clark)

Christy Abercrombie formerly known as Christy Huber, of legal age, being first duly sworn, deposes and says: That Frank West Abercrombie, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Frank W. Abercrombie named as one of the parties in that certain Joint Tenancy Deed dated February 9, 2010 executed by Frank W. Abercrombie to Sherri L. Strickland, Christy Huber, Frank W. Abercrombie as joint tenants, recorded as Document No. 214593, on February 9, 2010 in Book 497, Page 330 of Official Records of Eureka County Nevada, covering the following described property situated in Eureka County, State of Nevada.

The South 19 feet of Lot 8 and all of Lot 9, in Block 12 of Eureka Townsite, according to the map thereof filed in the Office of the County Recorder of Eureka County, State of Nevada.

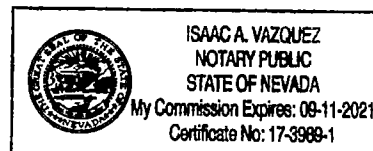
Dated: Oct 1, 2018.


 Christy Abercrombie

State of Nevada)
) ss
 County of Clark)

This instrument was acknowledged before me on the 1st day of October, 2018
 By: Christy Abercrombie

Signature: 
 Notary Public



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 3939093

CERTIFICATE OF DEATH

2017001946
STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
INSTITUTION SEE
HANDBOOK
REMARKS
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. DECEDENT-NAME (FIRST,MIDDLE,LAST,SUFFIX) Frank West		2. DATE OF DEATH (Mo/Day/Year) January 30, 2017		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 290 S Spring St.		3e. If Hosp. or Inst. indicate DOA,OP/Emar. Rm. Inpatient(Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 82	
9a. STATE OF BIRTH (If not US/CA, name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)		8. DATE OF BIRTH (Mo/Day/Yr) December 28, 1934	
13. SOCIAL SECURITY NUMBER 50		14a. USUAL OCCUPATION (Give kind of work done during street or Lumber Company		14b. KIND OF BUSINESS OR INDUSTRY Construction	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 290 S Spring St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		Ever in US Armed Forces? Yes	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Henry ABERCROMBIE			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Nelle HOUGH		
18a. INFORMANT- NAME (Type or Print) Christy ABERCROMBIE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 9640 Marigny Ct. Las Vegas, Nevada 89129			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY - NAME Woodlawn Cemetery		19c. LOCATION City or Town State Las Vegas Nevada 89101	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH		20b. FUNERAL DIRECTOR LICENSE NUMBER 298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
TRADE CALL - NAME AND ADDRESS Bunker's Mortuary 925 N Las Vegas Blvd Las Vegas NV 89101					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) KEITH LOGAN		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) KEITH LOGAN			
21b. DATE SIGNED (Mo/Day/Yr) February 03, 2017		21c. HOUR OF DEATH 09:20		22b. DATE SIGNED (Mo/Day/Yr) February 03, 2017	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH 09:20		22d. PRONOUNCED DEAD (Mo/Day/Yr) January 30, 2017	
22e. PRONOUNCED DEAD AT (Hour) 09:20		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Keith Logan PO Box 736 Eureka, NV 89316			
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) SHERRIE A CONNELL			
24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 03, 2017		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) Myocardial Infarction					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Unspecified Etiology					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Exposure To The Elements					
DUE TO, OR AS A CONSEQUENCE OF:					
(d)					
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		26b. DATE OF INJURY (Mo/Day/Yr)		26c. HOUR OF INJURY	
26d. DESCRIBE HOW INJURY OCCURRED		26. AUTOPSY (Specify Yes or No) No			
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOMIC., 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

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: 2/8/2017

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

