

A.P.N. No.:	007-394-02
File No.:	906546
Recording Requested By:	
Stewart Title Company	
Mail Tax Statements To:	<i>Same as below</i>
When Recorded Mail To:	
Francine E Stinnett	
4227 Rigel Avenue	
Lompoc, CA 93436	

EUREKA COUNTY, NV		2020-242110
Rec:\$37.00		
\$37.00	Pgs=4	10/14/2020 10:38 AM
STEWART TITLE ELKO		
LISA HOEHNE, CLERK RECORDER		

AFFIDAVIT - DEATH OF JOINT TENANT

State of California)
) ss
 County of Santa Barbara)

Francine E Stinnett of legal age, being first duly sworn, deposes and says: That Carson Bryne Stinnett the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Carson B Stinnett named as one of the parties in that certain Grant Deed to Joint Tenants dated October 12, 1989 executed by Earl A Rasmussen and Lavernia C Rasmussen, Trustees of the Rasmussen Trust to Carson B Stinnett and Francine E Stinnett, husband and wife as joint tenants, recorded as Document No. 130643 on November 13, 1989 of Official Records of Eureka County Nevada, covering the following described property situated in Eureka County, State of Nevada.

Lot 3 of Parcel D as shown on that certain Parcel Map for Earl Rasmussen, filed as Document Number 82267 in the Official Records of Eureka County, Nevada, on October 8, 1981, begin a portion of the E1/2 of Section 17, Township 20 North, Range 53 East, M.D.B.&M.

EXCEPTING THEREFROM all of the oil and gas, in and under said land, reserved by the United States of America, in Patent recorded April 15, 1966, in Book 10, Page 331, Official Records, Eureka County, Nevada.

Dated: October 5, 2020

Francine E Stinnett
Francine E Stinnett

State of _____ -

County of _____

} ss

see attached certificate.

This instrument was acknowledged before me on the _____ day of _____, 2020

By: _____

Signature: _____

Notary Public

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

County of Santa Barbara)

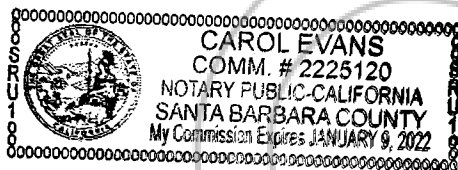
On Oct. 5, 2020 before me, Carol Evans, Notary Public,
Date Here Insert Name and Title of the Officer

personally appeared Francine E. Stinnett
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Carol Evans
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit

Document Date: 10-5-2020 Number of Pages: 2

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

Signer's Name: _____

☐ Corporate Officer — Title(s): _____

☐ Partner — ☐ Limited ☐ General

☐ Individual ☐ Attorney in Fact

☐ Trustee ☐ Guardian or Conservator

☐ Other: _____

Signer Is Representing: _____

STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

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

CASE FILE NO. 4150972

CERTIFICATE OF DEATH

2020012579

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Carson Byrne STINNETT		2. DATE OF DEATH (Mo/Day/Yr) June 17, 2020		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) 341 El Centro		3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Home	
	4. SEX Male					
DECEDENT	5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 80	
	7b. UNDER 1 YEAR MOS		7c. UNDER 1 DAY DAYS		7d. UNDER 1 HOUR HOURS	
	7e. UNDER 1 MIN MINS		8. DATE OF BIRTH (Mo/Day/Yr) March 24, 1940			
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (If not US/CA, name, country) Virginia		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
	11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Francine PRATT			
	13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY	
FATHERS	15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
	15d. STREET AND NUMBER 341 El Centro		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
	16. FATHER/PARENT - NAME (First Middle Last Suffix) Aubrey J STINNETT		17. MOTHER/PARENT - NAME (First Middle Last Suffix) Frances HUMMEL			
DISPOSITION	18a. INFORMANT - NAME (Type or Print) Francine STINNETT		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) P.O. Box 579 Eureka, Nevada 89316			
	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Sunset Crematory		19c. LOCATION City or Town State Elko Nevada 89803	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) JASON MUTH SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
TRADE CALL	TRADE CALL - NAME AND ADDRESS					
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) JESSE J WATTS SIGNATURE AUTHENTICATED			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) JESSE J WATTS SIGNATURE AUTHENTICATED		
	21b. DATE SIGNED (Mo/Day/Yr) June 18, 2020		21c. HOUR OF DEATH 18:40		21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Sheriff Jesse J Watts PO Box 736 Eureka, NV 89316	
CERTIFIER	22b. DATE SIGNED (Mo/Day/Yr) June 17, 2020		22c. HOUR OF DEATH 19:10		22d. PRONOUNCED DEAD (Mo/Day/Yr) June 17, 2020	
	22e. PRONOUNCED DEAD AT (Hour) 19:10		23b. LICENSE NUMBER			
	23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sheriff Jesse J Watts PO Box 736 Eureka, NV 89316					
REGISTRAR	24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) June 19, 2020		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) Chronic Obstructive Pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Lung Cancer, Mast In Lung DUE TO, OR AS A CONSEQUENCE OF: (c) DUE TO, OR AS A CONSEQUENCE OF: (d) 					
CAUSE OF 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, HOMICIDE, OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	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			

000820101



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: 6/19/2020

[Signature]
STATE REGISTRAR

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

