

<b>A.P.N. No.:</b>	001-142-01
<b>File No.:</b>	1713836
<b>Recording Requested By:</b>	
<b>Stewart Title Company</b>	
<b>Mail Tax Statements To:</b>	<i>Same as below</i>
<b>When Recorded Mail To:</b>	
Patricia Miller	
1209 Dome Peak Circle	
Mesquite, NV 89034	

EUREKA COUNTY, NV	<b>2022-248295</b>
Rec:\$37.00	
\$37.00 Pgs=3	<b>06/30/2022 01:56 PM</b>
STEWART TITLE ELKO	
KATHERINE J. BOWLING, CLERK RECORDER	

**AFFIDAVIT - DEATH OF JOINT TENANT**

State of NEVADA )  
) ss  
County of CLARK )

Patricia Miller , of legal age, being first duly sworn, deposes and says: That John C. Miller , the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as John C. Miller named as one of the parties in that certain Grant, Bargain, Sale Deed dated August 3,1991 executed by W.E. Vining and Gladys Vining, husband and wife to Patricia Miller, unmarried woman and John H. Miller and Eleanor Miller husband and wife as joint tenants with righ tof survivorship, recorded as Document No. 137706, on September 3,1991 in Book 225, Page 187 of Official Records of Eureka CountyNevada, covering the following described property situated in Eureka County, State of Nevada.

Lot 9, Block B of Ruby Hill Estates Subdivsion, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada. as File Number 98941.

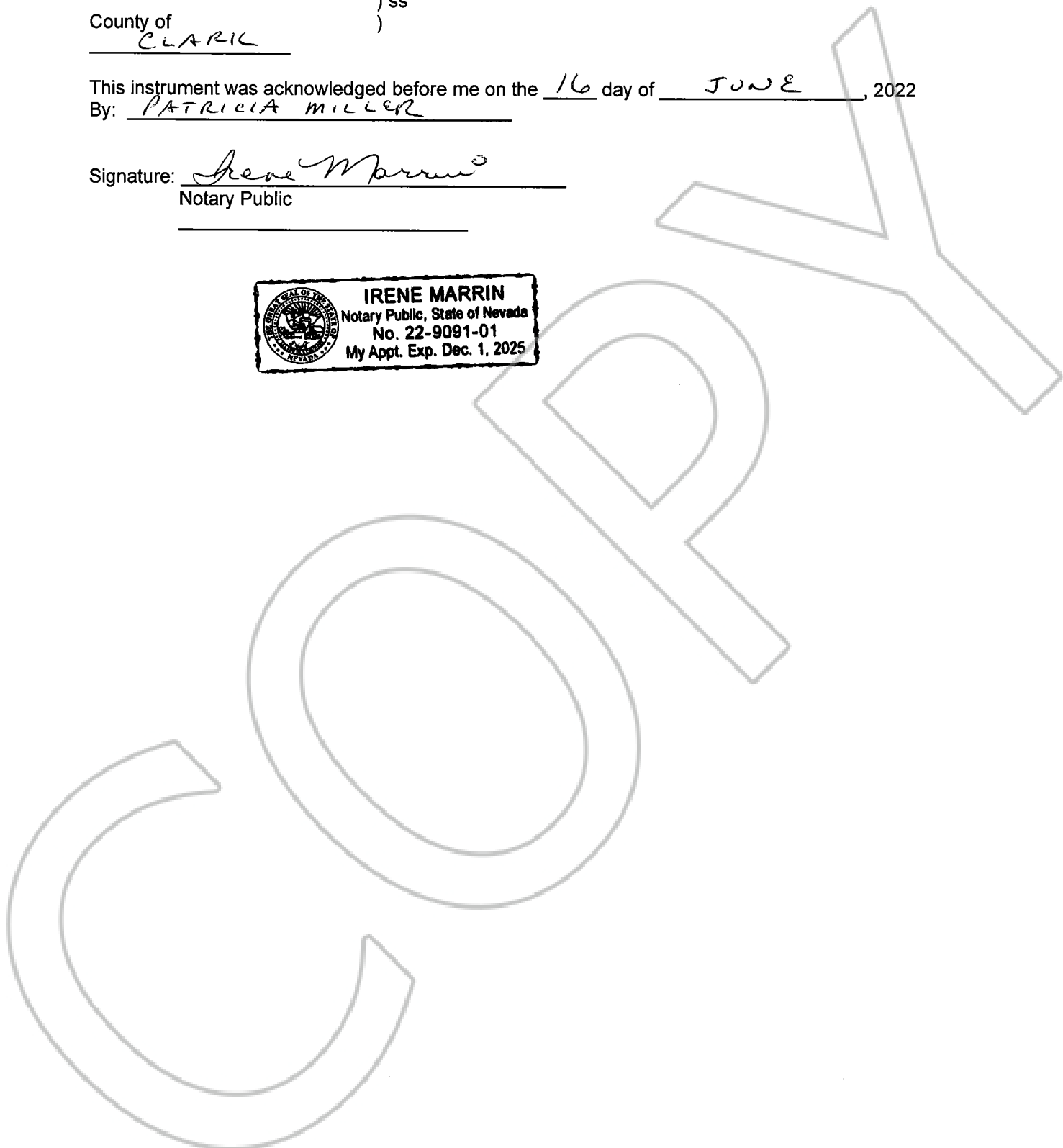
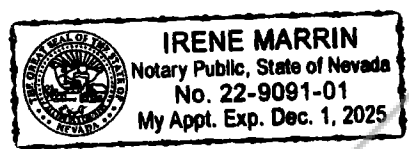
Dated: 12-16, 2022.

Patricia Miller  
Patricia Miller

State of NEVADA )  
 ) ss  
County of CLARK )

This instrument was acknowledged before me on the 16 day of JUNE, 2022  
By: PATRICIA MILLER

Signature: Irene Marrin  
Notary Public  
\_\_\_\_\_



# STATE OF WASHINGTON DEPARTMENT OF HEALTH

## Public Health - Seattle & King County Vital Statistics CERTIFIED COPY OF DEATH CERTIFICATE

Date Issued : 5/3/2022

Local File Number <b>7873</b>		<b>Washington State Certificate of Death</b>		State File Number	
1. Legal Name (include AKA's if any) First Middle LAST Suffix <b>JOHN CHARLES MILLER</b>				2. Death Date <b>07-19-2008</b>	
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>89</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number <b>[REDACTED]</b>	6. County of Death <b>KING</b>
7. Birthdate <b>06-18-1919</b>		8a. Birthplace (City, Town, or County) <b>SAN BERNADINO</b>	8b. (State or Foreign Country) <b>CA</b>	9. Decedent's Education <b>BACHELOR'S DEGREE</b>	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. <b>NO</b>			11. Decedent's Race(s) <b>WHITE</b>		12. Was Decedent ever in U.S. Armed Forces? <b>YES</b>
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.) <b>23015 18th AVE. SO</b>				13b. City or Town <b>DES MOINES</b>	
13c. Residence: County <b>KING</b>		13d. Tribal Reservation Name (if applicable) -----		13e. State or Foreign Country <b>WA</b>	13f. Zip Code + 4 <b>98198</b>
14. Estimated length of time at residence. <b>45 YEARS</b>		15. Marital Status at Time of Death <b>WIDOWED</b>		16. Surviving Spouse's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>ENGINEER</b>			18. Kind of Business/Industry (Do not use Company Name) <b>AEROSPACE</b>		
19. Father's Name (First, Middle, Last, Suffix) <b>JOHN MILLER</b>			20. Mother's Name Before First Marriage (First, Middle, Last) <b>CLARA KLEINWACHTER</b>		
21. Informant's Name <b>MARILYN HOLMES</b>		22. Relationship to Decedent <b>DAUGHTER</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>211 FARALLONE AVE FIRCREST WA 98406</b>	
24. Place of Death, if Death Occurred in a Hospital: Place of Death, if Death Occurred Somewhere Other than a Hospital: <b>DECEDENT'S HOME</b>					
25. Facility Name (If not a facility, give number & street or location) <b>23015 18TH AVE S.</b>			26a. City, Town, or Location of Death <b>DES MOINES</b>		26b. State <b>WA</b>
27. Zip Code <b>98198</b>		28. Method of Disposition <b>CREMATION</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>AMERICAN MEMORIAL ASSOC. #69</b>	
30. Location-City/Town, and State <b>RENTON, WA 98057</b>				31. Name and Complete Address of Funeral Facility <b>AMERICAN MEMORIAL F.D. INC. 7401 SO. PINE, #A, TACOMA, WA 98409</b>	
32. Date of Disposition <b>07/31/2008</b>				33. Funeral Director Signature X <i>Str. Handy</i>	
34. Cause of Death (See Instructions and examples) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		→ a. <i>Colorectal carcinoma of colon with metastases</i>		Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. _____		Interval between Onset & Death	
		c. _____		Interval between Onset & Death	
		d. _____		Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above <i>Diabetes Mellitus, Hypertension</i>				36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending	
39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown	
41. Date of Injury (mm/dd/yyyy)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt No. City or Town: County: State: Zip Code+ 4:			
46. Describe how injury occurred				47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
48a. Certifying Physician <i>[Signature]</i>			48b. Medical Examiner/Coroner <i>[Signature]</i>		
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Alain Lambert, 34503 9th Ave. So. Suite 100, Federal Way, WA 98003</b>				50. Hour of Death (24hrs) <b>1130</b>	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)				52. Date Signed (mm/dd/yyyy) <b>07/30/2008</b>	
53. Title of Certifier <b>M.D.</b>		54. License Number <b>MD 0027340</b>		55. ME/Coroner File Number <b>NJA #08-4465</b>	
56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				57. Registrar Signature <i>[Signature]</i>	
58. Date Received (mm/dd/yyyy) <b>1/31/08</b>				59. Amendments	

35-879  
Part 1 completed by Funeral Director

CA08-0536  
Part 2 completed by Certifier