

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

EUREKA COUNTY, NV		2022-248295
Rec:\$37.00		
\$37.00	Pgs=3	06/30/2022 01:56 PM
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 Subdivlsion, according to the official map thereof, filed in the Office of the County Recorder of Eureka County, State of Nevada. as File Number 98941.

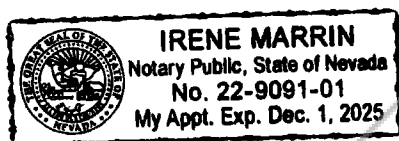
Dated: 6-16, 2022.

Patricia Miller
 Patricia Miller

State of NEVADA)
County of CLARK) ss

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

7873

Washington State Certificate of Death

State File Number

1. Legal Name (Include AKA's if any) First Middle LAST Suffix JOHN CHARLES MILLER				2. Death Date 07-19-2008	
3. Sex (M/F) M	4a. Age - Last Birthday 89	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death KING
7. Birthdate 06-18-1919		8a. Birthplace (City, Town, or County) SAN BERNADINO	8b. (State or Foreign Country) CA	9. Decedent's Education BACHELOR'S DEGREE	
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. NO			11. Decedent's Race(s) WHITE		12. Was Decedent ever in U.S. Armed Forces? YES
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) 23015 18th AVE. SO				13b. City or Town DES MOINES	
13c. Residence: County KING		13d. Tribal Reservation Name (if applicable) -----		13e. State or Foreign Country WA	13f. Zip Code + 4 98198
14. Estimated length of time at residence. 45 YEARS		15. Marital Status at Time of Death WIDOWED		16. Surviving Spouse's Name (Give name prior to first marriage) [REDACTED]	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). ENGINEER				18. Kind of Business/Industry (Do not use Company Name) AEROSPACE	
19. Father's Name (First, Middle, Last, Suffix) JOHN MILLER			20. Mother's Name Before First Marriage (First, Middle, Last) CLARA KLEINWACHTER		
21. Informant's Name MARILYN HOLMES		22. Relationship to Decedent DAUGHTER		23. Mailing Address: Number and Street or RFD No. City or Town State Zip 211 FARALLONE AVE FIRCREST WA 98406	
24. Place of Death, if Death Occurred in a Hospital: DECEDENT'S HOME					
25. Facility Name (If not a facility, give number & street or location) 23015 18TH AVE S.				26a. City, Town, or Location of Death DES MOINES	26b. State WA
28. Method of Disposition CREMATION		29. Place of Final Disposition (Name of cemetery, crematory, other place) AMERICAN MEMORIAL ASSOC. #69		30. Location-City/Town, and State RENTON, WA 98057	
31. Name and Complete Address of Funeral Facility AMERICAN MEMORIAL F.D. INC. 7401 SO. PINE, #A, TACOMA, WA 98409				32. Date of Disposition 07/31/2008	
33. Funeral Director Signature X <i>Str. Handy</i>					

34. 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. *Carcinoma of colon with metastases* Interval between Onset & Death
Due to (or as a consequence of):
b. _____ Interval between Onset & Death
Due to (or as a consequence of):
c. _____ Interval between Onset & Death
Due to (or as a consequence of):
d. _____ Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above
Diabetes Mellitus, Hypertension

36. Autopsy? ☒ Yes ☐ No 37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No

38. Manner of Death
☒ Natural ☐ Homicide ☐ Undetermined ☐ Suicide ☐ Pending
39. If female
☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days before death
☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Unknown if pregnant within the past year

40. Did tobacco use contribute to death? ☒ Yes ☐ Probably ☐ No ☐ 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? ☐ Yes ☐ No ☐ 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:
☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician: *[Signature]* 48b. Medical Examiner/Coroner: *[Signature]*

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)
Alain Lambert, 34503 9th Ave. So. Suite 100, Federal Way, WA 98003

50. Hour of Death (24hrs)
1130

51. Name and Title of Attending Physician if other than Certifier (Type or Print) 52. Date Signed (mm/dd/yyyy)
07/30/2008

53. Title of Certifier
M.D. 54. License Number
MD 0027340 55. ME/Coroner File Number
NJA #08-4465 56. Was case referred to ME/Coroner?
☒ Yes ☐ No

57. Registrar Signature *Jim Nakagawa* 58. Date Received (mm/dd/yyyy)
1/31/08

59. Amendments

DOHCHS 003 Rev 2/06/2004

DOH 422-132-King (8/18)

NOT VALID IF PHOTOCOPIED OR ALTERED