

APN: 001-159-01

EUREKA COUNTY, NV
LAND-ANT
Rec.\$37.00
Total:\$37.00
REBECCA GIBSON

2023-251331
11/29/2023 04:15 PM
Pgs=4

When Recorded, Mail to:
Rebecca Gibson
10225 Grizzly Hill Court
Reno, NV 89521



00019284202302513310040046
KATHERINE J. BOWLING, CLERK RECORDER

**AFFIDAVIT OF DEATH AND OF PERSONAL
REPRESENTATIVE OF SURVIVING JOINT TENANT**

STATE OF NEVADA)
) SS
COUNTY OF WASHOE)

JOHN G. BIGRIGG, Deceased, by and through his court-appointed Personal Representative, REBECCA GIBSON, In the Matter of the Estate of: JOHN GEORGE EDMUND BIGRIGG, Second Judicial District Court, Washoe County, Nevada, Case No. PR22-00848, hereby swears under penalty of perjury that the following assertions are true of his own knowledge:

1. I am over the age of twenty-one (21) years and competent to be a witness as to the matters stated.

2. I am REBECCA GIBSON, the Personal Representative of the Estate of John G. Bigrigg who was surviving joint tenant and the person named as a grantee in that certain Quitclaim Deed recorded as Book 530, Page 0053, of the official records in the office of the County Recorder of Eureka County, State of Nevada.

3. The property which is the subject of the above-described Deed is located in the County of Eureka, State of Nevada, and is more particularly described as follows:

All that real property situate within a portion of the Northwest One-Quarter (NW1/4) of Section Twenty-Four (24), Township Nineteen (19) North, Range Fifty-Three (53) East, Mount Diablo Meridian (M.D.M.), County of Eureka, State of Nevada, being a portion of Edwards Street as shown on the Plat of the Townsite of Eureka Nevada as approved by the United States Department of the Interior, General Land Office on November 19, 1937 and recorded as Document Number 127447 in the Official Records of the County of Eureka, State of Nevada, more particularly described as follows:

BEGINNING at the northwest corner of Block 51 of said Plat;

THENCE southerly along the westerly line of said Block 51, South 08°33'00" East, 230.57 feet, to the southwest corner of said Block 51;

THENCE leaving said line, westerly along a line towards the southeast corner of Block 64 of said Plat, South 81°27'00" West, 24.46 feet, to a point on the centerline of said Edwards Street;

THENCE northerly along said centerline, North 08°33'00" West, 230.57 feet, to a point on the line between the northeast corner of said Block 64 and the northwest corner of said Block 51;

THENCE easterly along said line, North 81°27'00" East, 24.46 feet, to the **POINT OF BEGINNING** and the end of this description.

Containing 5,659 square feet, more or less.

RESERVING therefrom, the westerly 20.00 feet of the above described real property, an easement for public access and public utility purposes.

The Basis of Bearings for this description is identical to that of the said Plat of the Townsite of Eureka.

Together, with all tenements, hereditaments and appurtenances, including easements and water rights, if any, thereto belonging or

appertaining, and any reversions, remainders, rents, issues, and profits thereof.

which has the address of 521 S. Edwards Street, Eureka, NV 89316.


4. CAROL L. BIGRIGG was one of the grantees named in said Deed and is the identical person named as CAROL L. BIGRIGG, the Decedent, in that certain Certificate of Death, a certified copy of which is attached as **Exhibit "1"** and incorporated by reference as if fully set forth at this point. I am CAROL L. BIGRIGG'S niece and the Personal Representative of JOHN G. BIGRIGG'S estate who was Carol Bigrigg's husband.

5. As recited in the above-described Certificate of Death, CAROL L. BIGRIGG died on February 19, 2021, in Reno, Washoe County, Nevada.

DATED this 22 day of November, 2023.


REBECCA GIBSON, Personal Representative

Subscribed and sworn to before me
on this 22nd day of November, 2023.


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. 4198850

CERTIFICATE OF DEATH

2021004945

STATE FILE NUMBER

TYPE OR
PRINT IN
PERMANENT
BLACK INK

DECEDENT

IF DEATH
OCCURRED IN
HOSPITAL OR
NURSING HOME
REGARDING
COMPLETION OF
RESIDENCE
ITEMS

PARENTS

DISPOSITION

DEATH CALL

CERTIFIER

REGISTRAR

CAUSE OF
DEATH

CONDITIONS IF
ANY WHICH
HAVE RISE TO
IMMEDIATE
CAUSE
STATING THE
IMMEDIATE
CAUSE LAST

1a. DECEASED NAME (FIRST, MIDDLE, LAST, SUFFIX) Carol Lee BIGRIGG		2. DATE OF DEATH (Mo/Day/Year) February 19, 2021		3a. COUNTY OF DEATH Washoe	
3b. CITY, TOWN, OR LOCATION OF DEATH Reno		3c. HOSPITAL OR OTHER INSTITUTION - Name (If not either, give street or number) St Mary's Regional Medical Center		3d. If Hosp. or Inst. Indicate DOA, OP, Emer. Rm. (Inpatient/Outpatient) Intensive Care Unit (ICU)	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE - Last birthday (Years) 72	
8a. STATE OF BIRTH (If not US/CA, name country) Texas		8b. CITIZEN OF WHAT COUNTRY United States		8c. DATE OF BIRTH (Mo/Day/Yr) November 04, 1948	
13. SOCIAL SECURITY NUMBER [REDACTED]		14a. USUAL OCCUPATION (Give kind of work done during most of life) SHERIFF DEPUTY		14b. KIND OF BUSINESS OR INDUSTRY LAW ENFORCEMENT	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Eureka		15c. CITY, TOWN OR LOCATION Eureka	
15d. STREET AND NUMBER 521 South Edwards Street		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. Ever in US Armed Forces? No	
16. FATHER/PARENT - NAME (First Middle Last Suffix) Fritz HOOD			17. MOTHER/PARENT - NAME (First Middle Last Suffix) Shirley E PRESNELL		
18a. INFORMANT - NAME (Type or Print) John George Edmund BIGRIGG			18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) PO BOX 602 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		20b. FUNERAL DIRECTOR LICENSE NUMBER FD298		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689 Elko NV 89803	
TRADE CALL - NAME AND ADDRESS Burns Funeral Home PO BOX 689 Elko NV 89803					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) ILEANA C DEFTU MD					
21b. DATE SIGNED (Mo/Day/Yr) February 24, 2021		21c. HOUR OF DEATH 05:30		22a. DATE SIGNED (Mo/Day/Yr) February 24, 2021	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21e. HOUR OF DEATH		22b. PRONOUNCED DEAD (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Ileana C Deftu MD 235 West 6th Street Reno, NV 89503		23b. LICENSE NUMBER [REDACTED]		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24a. REGISTRAR (Signature) KATHERINE J SULLIVAN		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) February 24, 2021		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 1					
(a) Acute Respiratory Failure					
DUE TO, OR AS A CONSEQUENCE OF:					
(b) Pneumonia					
DUE TO, OR AS A CONSEQUENCE OF:					
(c) Acute Myeloid Leukemia					
DUE TO, OR AS A CONSEQUENCE OF:					
(d) Unknown Etiology					
PART 2 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
26. AUTOPSY (Specify Yes or No) No		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No		28. INJURY AT WORK (Specify Yes or No)	
28a. DATE OF INJURY (Mo/Day/Yr)		28b. HOUR OF INJURY		28c. DESCRIBE HOW INJURY OCCURRED	
28d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28e. LOCATION		28f. STREET OR R.F.D. No. CITY OR TOWN STATE	



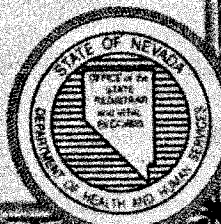
CERTIFIED COPY OF VITAL RECORDS

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: **4/2/2021**

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

Katherine J Sullivan
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE