

APN: 1318-23-410-004

Send Tax Statements To:
Mildred L. Bogue
475 S. 6th Street
Elko, NV 89801

Douglas County - NV
Karen Ellison - Recorder
Page: 1 Of 3 Fee: 16.00
BK-0510 PG- 0873 RPTT: 0.00



✓ When recorded return to:
James M. Copenhaver
James M. Copenhaver, PC
950 Idaho Street
Elko, NV 89801

AFFIDAVIT OF DEATH TERMINATING COMMUNITY PROPERTY
WITH RIGHT OF SURVIVORSHIP PURSUANT TO NRS 40.525 AND NRS 111.365

STATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **MILDRED L. BOGUE**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. I am the surviving spouse of **FRANK E. BOGUE**.

2. **FRANK E. BOGUE** and I acquired title to the following described property located in the County of Douglas, State of Nevada, as community property with right of survivorship by that certain Grant, Bargain & Sale Deed dated July 28, 2009, and recorded on the 3rd day of August, 2009, as DOC# 0748180, official records Douglas County Recorder, Douglas County, State of Nevada. Said real property was acquired as community property with right of survivorship being more specifically described as follows:

Lot 44 of PONDEROSA PARK SUBDIVISION according to the official map thereof, filed in the Office of the County Recorder of Douglas County, Nevada and located in the S½SW¼, Section 23, Township 13 North, Range 18 East M.D.B.&M. consisting of approximately .070 acres.

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TOGETHER WITH all buildings and improvements thereon.

3. **FRANK E. BOGUE**, being one of the persons described in the documents referenced above, as a grantee, payee or

beneficiary and holding a community interest with right of survivorship died in the City of Elko, County of Elko, State of Nevada on the 6th day of December, 2009. A certified copy of the death certificate of **FRANK E. BOGUE** is attached to this Affidavit and made a part thereof.

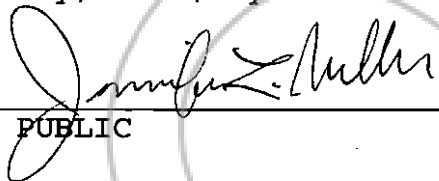
4. I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **FRANK E. BOGUE** in the above described real property has terminated by virtue of his death and that title to the real property is now vested solely in the surviving spouse and community interest holder with right of survivorship, **MILDRED L. BOGUE**.

DATED this 4th day of May, 2010.


MILDRED L. BOGUE

State of NEVADA
County of ELKO

This instrument was acknowledged before me on the 4th day of May, 2010, by **MILDRED L. BOGUE**.


NOTARY PUBLIC



CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
VITAL STATISTICS**

CERTIFICATE OF DEATH

2009018726

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING 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. DECEASED-NAME (FIRST,MIDDLE, LAST,SUFFIX) Frank Earl BOGUE		2. DATE OF DEATH (Mo/Day/Year) December 06, 2009		3a. COUNTY OF DEATH Elko.	
3b. CITY, TOWN, OR LOCATION OF DEATH Elko		3c. HOSPITAL OR OTHER INSTITUTION -Name(If not either, give street and number) 475 S 6th St.		3e. If Hosp. or Inst. Indicate DOA,OP/Emer. Rm. (Inpatient)(Specify) Home	
4. SEX Male		5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) 79		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) May 03, 1930		9a. STATE OF BIRTH (If not U.S.A., name country) Iowa		9b. CITIZEN OF WHAT COUNTRY United States	
10. EDUCATION 12		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Mildred Lavon PARK	
13. SOCIAL SECURITY NUMBER 4280		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) Sales		14b. KIND OF BUSINESS OR INDUSTRY Hardware	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Elko		15c. CITY, TOWN OR LOCATION Elko	
15d. STREET AND NUMBER 475 S 6th St.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) Clarence Earl BOGUE	
17. MOTHER - NAME (First Middle Last Suffix) Eldora Mae EILER		18a. INFORMANT- NAME (Type or Print) Mildred BOGUE		18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 475 S 6th St. Elko, Nevada 89801	
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) R SCOTT BURNS SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 07		20c. NAME AND ADDRESS OF FACILITY Burns Funeral Home PO BOX 689, Elko NV 89803	
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) SIGNATURE AUTHENTICATED MAUREEN LOUISE DURKIN M.D.			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)		
21b. DATE SIGNED (Mo/Day/Yr) December 08, 2009		21c. HOUR OF DEATH 06:30		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22c. HOUR OF DEATH		22d. PRONOUNCED DEAD (Mo/Day/Yr)	
22e. PRONOUNCED DEAD AT (Hour)		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Maureen Louise Durkin M.D. 247 Bluffs Avenue, Bldg 1 Elko, NV 89801		23b. LICENSE NUMBER 7280	
24a. REGISTRAR (Signature) R. SCOTT BURNS SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) December 09, 2009		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				Interval between onset and death	
(a) Metastatic Esophageal Cancer				2 Years	
(b) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d) DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
PART II				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes		28a. ACC., SUICIDE, HOM., 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



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PG- 875
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VRS-Rev-20080602

307716 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: **12/28/2009**

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


 STATE REGISTRAR
 SIGNATURE AUTHENTICATED

3512430

