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A.P.N. 1320-32-712-019  
Ref No. 17-542



KAREN ELLISON, RECORDER

**Recording Requested By:**

GOOD DEEDS AND MORE LLC

**Mail Tax Statements To:**

Same as below

**When Recorded Mail To:**

EUGENE W. DONLAN  
PO Box 340  
Pahrump NV 89041

**AFFIDAVIT DEATH OF JOINT TENANT**


I, the undersigned, hereby affirm that this document submitted for recording contains PERSONAL INFORMATION of a person or persons as required by law: NRS 440.380(1)(A) & NRS 40.525(5)

EUGENE W. DONLAN, of legal age, being first duly sworn, deposes and says: That PEARL LILLIAN MASTERSON, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as PEARL L. MASTERSON named as one of the parties in that certain Grant, Bargain, Sale Deed dated April 19, 2004 executed by HOLLY M. GILMAN to EUGENE W. DONLAN and PEARL L. MASTERSON, husband and wife as joint tenants, recorded on April 23, 2004 in Book 404 of Official Records, page 11832 as Document No. 2004-611145, Douglas County, Nevada records, covering the following described property situated in Douglas County, State of Nevada:

Lot 19, as set forth on the Final Map of MILL CREEK ESTATES, a Planned Unit Development, filed for record in the office of the County Recorder of Douglas County, State of Nevada, on June 4, 1991, in Book 691, Page 337, as Document No. 252075.

ASSESSOR PARCEL NUMBER: 1320-32-712-019


Dated this 9th day of October, 2017.

  
EUGENE W. DONLAN

Document prepared by:  
Ellen Miner NVDP201613752  
Good Deeds and More LLC  
1375 E State St Suite 7  
Pahrump NV 89048  
775-537-6485

State of Nevada }  
County of Nye }

This instrument was acknowledged before me  
on this 11 day of October, 2017 by EUGENE  
W. DONLAN

	<b>ELEN MINER</b> NOTARY PUBLIC STATE OF NEVADA Appt. No. 05-99138-14 My Appt. Expires June 1, 2021
	Stamp Notary seal inside this box

Signature:   
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. 3967682

**CERTIFICATE OF DEATH**

2017013328  
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) <b>Pearl Lillian MASTERSON</b>		2. DATE OF DEATH (Mo/Day/Year) <b>July 16, 2017</b>		3a. COUNTY OF DEATH <b>Nye</b>	
3b. CITY, TOWN, OR LOCATION OF DEATH <b>Pahrump</b>		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) <b>2521 East Mt. Charleston Drive South</b>		3e. If Hosp. or Inst. indicate DOA, OP/Emr. Rm. Inpatient(Specify) <b>Home</b>	
4. SEX <b>Female</b>		5. RACE (Specify) <b>White</b>		6. Hispanic Origin? Specify No - Non-Hispanic	
7a. AGE-Last birthday (Years) <b>76</b>		7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS	
8. DATE OF BIRTH (Mo/Day/Yr) <b>January 03, 1941</b>		9a. STATE OF BIRTH (if not US/CA, name country) <b>Missouri</b>		9b. CITIZEN OF WHAT COUNTRY <b>United States</b>	
10. EDUCATION <b>16</b>		11. MARITAL STATUS (Specify) <b>Married</b>		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) <b>Eugene DONLAN</b>	
13. SOCIAL SECURITY NUMBER <b>3534</b>		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY <b>Unknown/not Classifiable</b>	
15a. RESIDENCE - STATE <b>Nevada</b>		15b. COUNTY <b>Nye</b>		15c. CITY, TOWN OR LOCATION <b>Pahrump</b>	
15d. STREET AND NUMBER <b>2521 East Mt. Charleston Drive South</b>		15e. INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>		Ever in US Armed Forces? <b>No</b>	
16. FATHER/PARENT - NAME (First Middle Last Suffix) <b>Charles William HILL SR</b>			17. MOTHER/PARENT - NAME (First Middle Last Suffix) <b>Alvera Vernice YACKEY</b>		
18a. INFORMANT - NAME (Type or Print) <b>Gene DONLAN</b>		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) <b>2521 East Mt. Charleston Drive South Pahrump, Nevada 89048</b>			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation/Burial</b>		19b. CEMETERY OR CREMATORY - NAME <b>Grand View Cemetery</b>		19c. LOCATION City or Town State <b>Pahrump Nevada 89048</b>	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) <b>SHEILA R WINN</b> SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER <b>FD928</b>		20c. NAME AND ADDRESS OF FACILITY <b>Pahrump Family Mortuary</b> <b>5441 S. Vicki Ann Pahrump NV 89048</b>	
TRADE CALL - NAME AND ADDRESS					
21a. To Be Completed by CERTIFYING PHYSICIAN 21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22a. To Be Completed by CORONER'S OFFICE 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) <b>JOSEPH W CLOSE</b> SIGNATURE AUTHENTICATED			
21b. DATE SIGNED (Mo/Day/Yr)		21c. HOUR OF DEATH		22b. DATE SIGNED (Mo/Day/Yr) <b>July 18, 2017</b>	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				22c. HOUR OF DEATH <b>07:50</b>	
				22d. PRONOUNCED DEAD (Mo/Day/Yr) <b>July 16, 2017</b>	
				22e. PRONOUNCED DEAD AT (Hour) <b>07:50</b>	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Sergeant Joseph W Close 1520 E. Basin Rd Pahrump, NV 89060</b>				23b. LICENSE NUMBER	
24a. REGISTRAR (Signature) <b>BLAISE SATARIANO</b> SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) <b>July 18, 2017</b>		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) <b>Hypertensive And Arteriosclerotic Cardiovascular Disease</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b) <b>Unknown Etiology</b>				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.				26. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>					
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



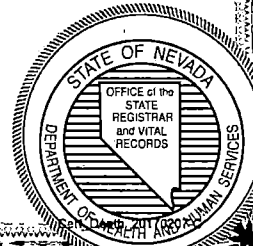
CERTIFIED COPY OF VITAL RECORDS

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: **7/19/2017**

*Cody D. Thirney*  
SIGNATURE AUTHENTICATED

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE