

APN# : 1420-08-212-028

Recording Requested By:

Western Title Company

When Recorded Mail To:

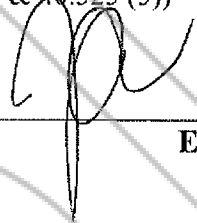
Eugene W. Donlan

P.O. Box 340

Pahrump NV. 89041

I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons. (Per NRS 440.380 (1)(5) & 40.525 (5))

Signature



Traci Adams

Escrow Officer

Affidavit Death of Joint Tenant

This page added to provide additional information required by NRS 111.312

(additional recording fee applies)

AFFIDAVIT - DEATH OF JOINT TENANT

Eugene W. Donlan, of legal age, being first duly sworn, deposes and says:

That Pearl L. 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 1/6/2004 executed by Richard T. Cutler, an unmarried man and Shelly M. Porter, an unmarried woman to Eugene W. Donlan and Pearl L. Masterson, husband and wife as joint tenants, recorded as instrument No. 0602298, on 1/16/2004, in Book 0104, Page 05441, of Official Records of Douglas County, Nevada, covering the following described property situated in the County of Douglas, State of Nevada:

All that real property situate in the county of Douglas, State of Nevada, described as follows:

Lot 5, in Block J of the Amended map of SUNRIDGE HEIGHTS, PHASE 5B, A Planned Unit Development, according to the map thereof, filed in the office of the County Recorder of Douglas County, State of Nevada, on February 22, 1995, in Book 295, Page 3219, as Document No. 356642.

Dated


12/19/2017

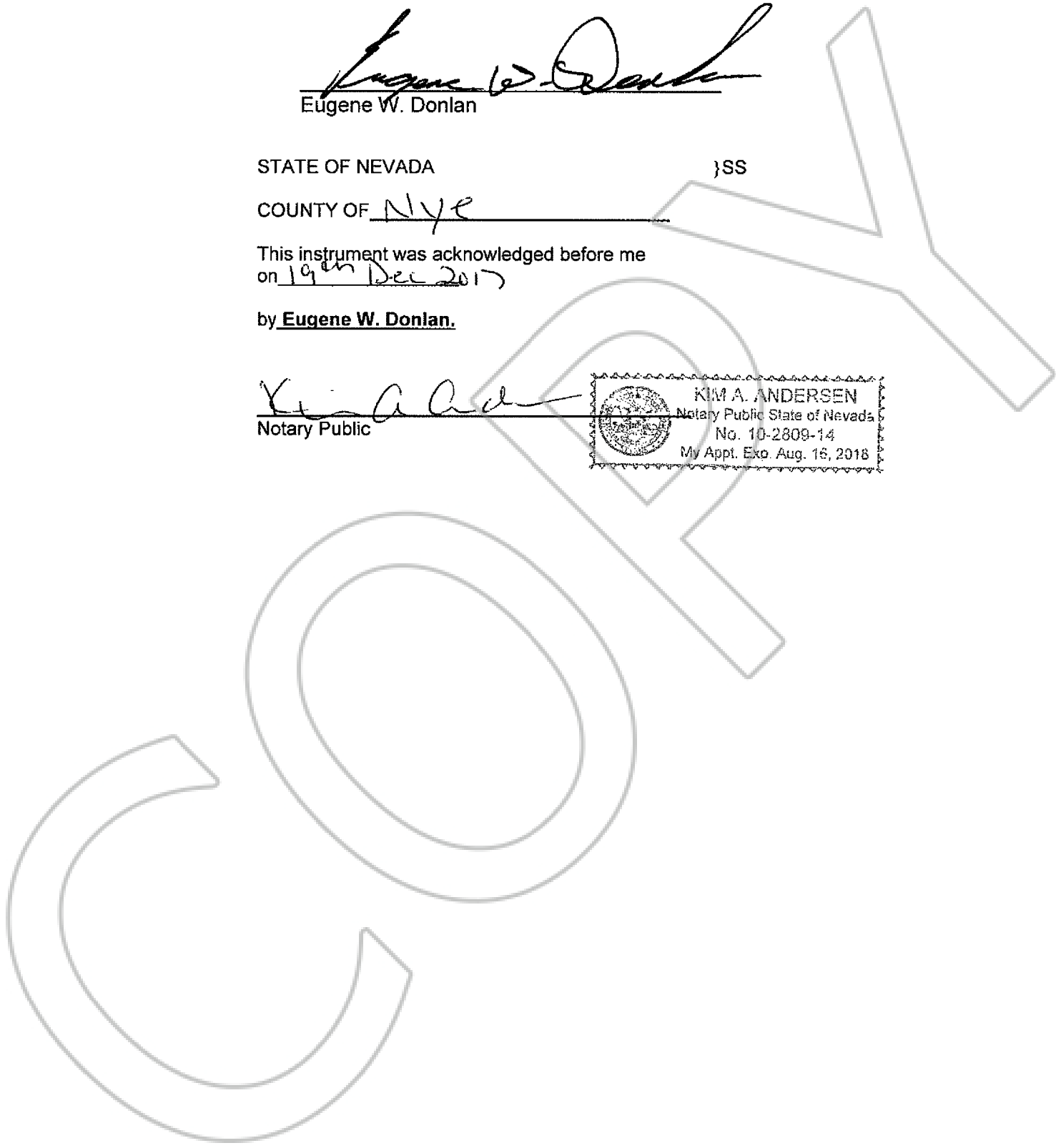
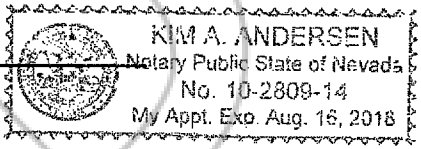

Eugene W. Donlan

STATE OF NEVADA }SS
COUNTY OF Nye

This instrument was acknowledged before me
on 19th Dec 2017

by Eugene W. Donlan.


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) Pearl Lillian MASTERSON		2. DATE OF DEATH (Mo/Day/Year) July 16, 2017		3a. COUNTY OF DEATH Nye	
3b. CITY, TOWN, OR LOCATION OF DEATH Pahrump		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street address) 2521 East Mt. Charleston Drive South		3e. If Hosp. or Inst. indicate DOA, OP/Emir. Rm. Inpatient(Specify) Home	
4. SEX Female		7a. AGE-Last birthday (Years) 76		8. DATE OF BIRTH (Mo/Day/Yr) January 03, 1941	
5. RACE (Specify) White		6. Hispanic Origin? Specify No - Non-Hispanic		7b. UNDER 1 YEAR MOS: _____ DAYS: _____	
9a. STATE OF BIRTH (If not US/CA, name country) Missouri		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 16	
11. MARITAL STATUS (Specify) Married		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage) Eugene DONLAN		13. SOCIAL SECURITY NUMBER 3534	
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY Unknown/not Classifiable		Ever in US Armed Forces? No	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Nye		15c. CITY, TOWN OR LOCATION Pahrump	
15d. STREET AND NUMBER 2521 East Mt. Charleston Drive South		15e. INSIDE CITY LIMITS (Specify Yes or No) No		16. FATHER/PARENT - NAME (First Middle Last Suffix) Charles William HILL SR	
17. MOTHER/PARENT - NAME (First Middle Last Suffix) Alvera Vernice YACKEY		18a. INFORMANT - NAME (Type or Print) Gene DONLAN		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 2521 East Mt. Charleston Drive South Pahrump, Nevada 89048	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation/Burial		19b. CEMETERY OR CREMATORY - NAME Grand View Cemetery		19c. LOCATION City or Town State Pahrump Nevada 89048	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) SHEILA R WINN SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE NUMBER FD926		20c. NAME AND ADDRESS OF FACILITY Pahrump Family Mortuary 5441 S. Vicki Ann Pahrump NV 89048	
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) JOSEPH W CLOSE SIGNATURE AUTHENTICATED		21b. DATE SIGNED (Mo/Day/Yr) July 18, 2017		21c. HOUR OF DEATH 07:50	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) JOSEPH W CLOSE SIGNATURE AUTHENTICATED		22b. DATE SIGNED (Mo/Day/Yr) July 16, 2017	
22c. PRONOUNCED DEAD (Mo/Day/Yr) July 16, 2017		22d. PRONOUNCED DEAD AT (Hour) 07:50		23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Sergeant Joseph W Close 1520 E. Basin Rd Pahrump NV 89060	
23b. LICENSE NUMBER		24a. REGISTRAR (Signature) BLAISE SATARIANO SIGNATURE AUTHENTICATED		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) July 18, 2017	
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) Hypertensive And Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF: (b) Unknown Etiology DUE TO, OR AS A CONSEQUENCE OF: (c) _____ DUE TO, OR AS A CONSEQUENCE OF: (d) _____			
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



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

SIGNATURE AUTHENTICATED

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

