

Affidavit—Death of Joint Tenant

TO 2026 NV (12-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

THOMAS GERALD PRYATEL, of legal age, being first duly sworn, deposes and says:
 That ANGELA JOSEPHINE PRYATEL, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as ANGELA PRYATEL named as one of the parties in that certain Joint Tenancy Deed dated October 7, 1957 executed by Alfred Walden and Elfriede Walden, husband and wife, as joint tenants to Anthony Pryatel and Angela Pryatel, husband and wife as joint tenants, recorded as Instrument No. 35456, on October 7, 1957, in book "L-1", page 56, of ~~Lincoln County~~ Real Estate Deeds, Lincoln County, Nevada, covering the following described property situated in the City of Caliente County of Lincoln, State of Nevada:

All of Lots numbered 1, 2, 3 and 4, in Block numbered 5 of the City of Caliente, together with all improvements thereon and the contents thereof; as said Lots and Block are delineated on the official Plat of said Town of Caliente now on file in the office of the County Recorder of said County of Lincoln, to which Plat reference is hereby made for a more particular description.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 17,000.00

Dated September 21, 1971

Thomas G. Pryatel
 THOMAS GERALD PRYATEL

SUBSCRIBED AND SWORN TO before me

this 21 day of September, 1971.

Signature *Barbara S. Matthews*
Barbara S. Matthews

Name (Typed or Printed) BARBARA S. MATTHEWS
 Notary Public—State of Nevada
 COUNTY OF LINCOLN
 My Commission Expires Aug. 28, 1974

(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name _____
 Street Address _____
 City & State _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 50862
 FILED AND RECORDED AT REQUEST OF
Thomas G. Prystel
September 21, 1971
 AT 10 MINUTES PAST 11 O'CLOCK
A M IN BOOK 2 OF OFFICIAL
 RECORDS, PAGE 565 LINCOLN
 COUNTY, NEVADA.
Barbara S. Matthews
 COUNTY RECORDER

REGISTRAR'S NO. 111 CERTIFICATE OF DEATH STATE FILE NO. 353

1. PLACE OF DEATH, STATE OF NEVADA
 A. COUNTY Lincoln

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 A. STATE Nevada B. COUNTY Lincoln

3. CITY, TOWN, OR LOCATION
 Caliente C. Length of stay in this month 2 Years

4. NAME OF HOSPITAL OR INSTITUTION
 Lincoln County Hosp.

5. IS PLACE OF DEATH INSIDE CITY LIMITS?
 YES NO

6. NAME OF DECEASED (Last) (Middle) (First)
 Angela Josephine Pryatel

7. SEX Female 8. COLOR OR RACE White 9. MARRIED NEVER MARRIED DIVORCED WIDWED

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
 Housewife

11. BIRTHPLACE Pueblo, Colorado

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Jerry Stravia

14. MOTHER'S MAIDEN NAME Mary Sekul

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give arm or arms)
 None

16. SOCIAL SEC. NO.

17. INFORMANT Anthony Pryatel

18. CAUSE OF DEATH (State only on cause per 506, 507, 508, 509, 510, 511)
 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) LIVER FAILURE

19. WAS AUTOPSY PERFORMED?
 YES NO

20a. ACCIDENT SUICIDE 20b. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY None

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (If on or about home: farm, factory, street, other bldg., etc.)

20f. CITY, TOWN, OR LOCATION Caliente

20g. COUNTY Lincoln

20h. STATE Nevada

21. I attended the deceased from [] to [] and last saw (him, her) alive on []

22a. SIGNATURE [Signature]

22b. ADDRESS [Address]

22c. DATE SIGNED [Date]

23a. BURIAL, CREMATION, OR REMOVAL (Specify)
 23b. DATE 2/23/60

23c. NAME OF CEMETERY OR CREMATORY *****

23d. LOCATION (City, town, or county) Pueblo, Colorado (State)

24. EMBALMER'S LIC. NO. 104

25. ADDRESS Caliente

25. DATE REC'D BY LOCAL REG.

26. REGISTRAR'S SIGNATURE [Signature]

I hereby certify that this is a true and correct copy of the original record which is on file in the Office of the Section of Vital Statistics of the Nevada State Division of Health at Carson City, Nevada.

Date Issued:
 June 18, 1971

CHIEF, SECTION OF VITAL STATISTICS
 Jackie Webb