

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                  )ss.  
COUNTY OF Washoe )

*M. Campbell*  
Marilyn Campbell (formerly DePaoli) first being duly sworn, deposes and

says:

1.

That she is a surviving daughter of Alexander Orr who died on November 10, 1971, at Las Vegas, Nevada.

2.

That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of lots numbered 4, 5 and 6 in Block 9 in the town of Pioche, Nevada, together with all improvements and buildings situate thereon, as described in deed recorded in Book "M-1" of Real Estate Deeds at page 334 in the office of the County Recorder of Lincoln County, Nevada.

3.

That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above-described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

Dated November 30, 1971.

*Marilyn Campbell*  
Marilyn Campbell  
Affiant

Subscribed and sworn to before me this 30<sup>th</sup> day of November A.D. 1971

*Peggy J. Marsh*  
\_\_\_\_\_  
Notary Public

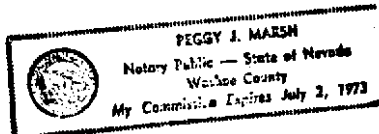


EXHIBIT "A"

STATE OF NEVADA DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION  
DIVISION OF HEALTH SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH 5435

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

|  |  |   |  |   |  |   |  |
|--|--|---|--|---|--|---|--|
| DECEASED   |  | 1 NAME (LAST, FIRST, MIDDLE)<br><b>Alexander</b>  |  | 2 SEX<br><b>male</b>  |  | 3 DATE OF BIRTH (MONTH, DAY, YEAR)<br><b>November 10, 1971</b>  |  |
| 4 RACE<br><b>white</b>   |  | 5 AGE (MONTHS, YEARS)<br><b>60</b>  |  | 6 DATE OF DEATH (MONTH, DAY, YEAR)<br><b>Feb. 3, 1902</b>                           |  | 7 PLACE OF BIRTH (CITY, STATE)<br><b>Clark</b>  |  |
| 8 CITY, TOWN, OR LOCATION OF DEATH<br><b>Las Vegas</b>   |  | 9 HOSPITAL OR OTHER INSTITUTION (NAME, STREET AND NUMBER)<br><b>no Sunrise Hospital</b>                             |  | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED<br><b>Widowed</b>           |  | 11 SURVIVING SPOUSE (NAME, STREET AND NUMBER)<br><b>None</b>  |  |
| 12 STATE OF BIRTH (IF NOT IN U.S.A.)<br><b>Utah</b>  |  | 13 CITIZENSHIP OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 14 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF YEAR)<br><b>Sheriff</b>  |  | 15 KIND OF BUSINESS OR INDUSTRY<br><b>Law enforcement</b>   |  |
| 16 SOCIAL SECURITY NUMBER<br><b>[REDACTED]</b>   |  | 17 RESIDENCE - STATE<br><b>Nevada</b>   |  | 18 COUNTY<br><b>Clark</b>   |  | 19 CITY, TOWN, OR LOCATION<br><b>Las Vegas</b>  |  |
| 20 INSIDE CITY LIMITS (SPECIFY YES OR NO)<br><b>yes</b>  |  | 21 STREET AND NUMBER<br><b>1401 Eastwood Dr.</b>  |  | 22 FATHER - NAME (FIRST, MIDDLE, LAST)<br><b>Alexander Orr</b>                      |  | 23 MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST)<br><b>Carolyn Frances Price</b>                                       |  |
| 24 INFORMANT (NAME)<br><b>Patty Ann Woodworth (dght)</b>   |  | 25 MARITAL ADDRESS (CITY, TOWN, OR LOCATION, STATE, ZIP)<br><b>1401 Eastwood Dr., Las Vegas, Nevada 89104</b>       |  | 26 PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) |  |   |  |
| 27 (a) IMMEDIATE CAUSE<br><b>Ruptured aortic aneurysm</b>  |  | 28 (b) DUE TO, OR AS A CONSEQUENCE OF   |  | 29 (c) DUE TO, OR AS A CONSEQUENCE OF   |  | 30 PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I) |  |
| 31 ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)  |  | 32 DATE OF INJURY (MONTH, DAY, YEAR)  |  | 33 HOUR   |  | 34 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1)  |  |
| 35 INJURY AT WORK (SPECIFY YES OR NO)  |  | 36 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)                                      |  | 37 LOCATION   |  | 38 STREET OR R.F.D. NO., CPM OR TOWN, STATE   |  |
| 39 CERTIFICATION - PHYSICIAN (MONTH, DAY, YEAR)<br><b>11 6 71</b>  |  | 40 TO (MONTH, DAY, YEAR)<br><b>11 10 71</b>   |  | 41 AND LAST SAW HIM (OTHER ALIVE) (MONTH, DAY, YEAR)<br><b>11 10 71</b>             |  | 42 (WHO) (DID NOT WHEN THE DEATH OCCURRED) (MONTH, DAY, YEAR)<br><b>4:15pm</b>                                      |  |
| 43 CERTIFY AS TO THE MIDDLE EXAMINER OR CORONER (SEE THE BASIS OF THE DETERMINATION IN THE BODY AND ON THE INVESTIGATION, IN MY CAPACITY, DEATH OCCURRED IN THE DATE AND DUE TO THE CAUSE(S) STATED) |  | 44 SIGNATURE<br><b>Davidson</b>   |  | 45 M.D. (NAME)<br><b>M. D.</b>  |  | 46 DATE SIGNED (MONTH, DAY, YEAR)<br><b>11-12-71</b>  |  |
| 47 MAILING ADDRESS - CERTIFIER<br><b>1006 E. Sahara</b>  |  | 48 CITY OR TOWN<br><b>Las Vegas</b>   |  | 49 STATE<br><b>Nevada</b>   |  | 50 ZIP<br><b>89105</b>  |  |
| 51 BURIAL, CREMATION, REMOVAL<br><b>Removal for burial</b>   |  | 52 CEMETERY OR CREMATORY - NAME<br><b>Pioche Cemetery</b>   |  | 53 LOCATION<br><b>Pioche Nevada</b>   |  | 54 CITY OR TOWN<br><b>Nevada</b>  |  |
| 55 DATE<br><b>Nov. 13, 1971</b>  |  | 56 FUNERAL HOME NAME AND ADDRESS<br><b>BUNKER BROTHERS MORTUARY 925 Las Vegas Blvd. No. Las Vegas, Nevada 89101</b> |  | 57 REGISTER - SIGNATURE<br><b>[Signature]</b>                                       |  | 58 DATE RECEIVED BY LOCAL REGISTRAR<br><b>11-15-71</b>  |  |



Las Vegas, Nevada 11-18-71

I hereby certify that this is a true and correct copy of the Vital Statistic record on file with the Clark County District Health Department.

OTTO RAVENHOLT, M.D. District Registrar  
By Virgina Dussart Deputy

No. 51156 FILED AND RECORDED AT REQUEST OF Patty Ann Woodworth  
December 17, 1971 AT 20 minutes past 3 O'CLOCK P.M. IN BOOK 3 OF OFFICIAL  
RECORDS, PAGE 298 LINCOLN COUNTY, NEVADA. [Signature] COUNTY RECORDER