

Affidavit—Death of Joint Tenant

TO 8036 NV 12-66

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF ~~NEW YORK~~ NEVADA }
COUNTY OF CLARK }

DAVID ALTON LEE

That FRANCIS COLUMBUS LEE, of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as FRANK C. LEE the decedent mentioned in the attached certified copy of named as one of the parties in that certain Joint Tenant Deed dated September 5, 1952 executed by ETHEL K. LEE to FRANK C. LEE and ETHEL K. LEE as joint tenants, recorded as Instrument No. _____, on February 20, 1957 in book K-1, page 498, of Official Records of Lincoln County, Nevada, covering the following described property situated in the town of Panaca County of Lincoln, State of Nevada:

Beginning at the Northeast (NE) corner of Lot One (1), Block Thirty-five (35), Panaca Township, and running West 5 rods (or 82 1/2 feet) thence South 16 rods or 264 feet, thence East 5 rods, or 82 1/2 feet to the Southeast (SE) corner, thence North 264 feet to the Northeast (NE) corner.

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 \$ _____

Dated February 22nd, 1972

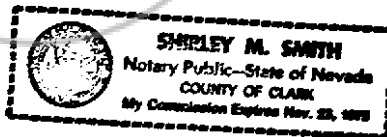
David Alton Lee
DAVID ALTON LEE

SUBSCRIBED AND SWORN TO before me

this 22nd day of February, 1972

Signature *Shirley M. Smith*

Name (Typed or Printed)



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. LV-134914-SS SC 28648

RECORDING REQUESTED BY

TITLE INSURANCE AND TRUST COMPANY

AND WHEN RECORDED MAIL TO

Name Title Insurance and Trust Company
Street Address 309 South Third Street
City & State Las Vegas, Nevada

SPACE BELOW THIS LINE FOR RECORDER'S USE

SEE NEXT PAGE

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BIRTH NO. 313

NEVADA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE FILE NO. _____
REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (When deceased lived in institution, institution name indicated) a. STATE <u>Nevada</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside our county limits, write RURAL) <u>Ponaca</u>		c. CITY (If outside our county limits, write RURAL) <u>Ponaca</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Ponaca</u>	
3. NAME OF DECEASED a. (First) <u>Francis</u> b. (Middle) <u>Columbus</u> c. (Last) <u>Lee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1958</u>	
5. SEX <u>Male</u>	6. COLOR <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Married</u>	8. DATE OF BIRTH <u>June 1, 1878</u>
10a. USUAL OCCUPATION (Give kind of work done during night or working life, give if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ponaca Nevada</u>	
13. FATHER'S NAME <u>Francis Columbus Lee Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Mary McMurry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>No</u>		17. INFORMANT <u>David Lee, Monte Bello, Calif.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> ANTECEDENT CAUSES Advised conditions, if any, giving rise to the above cause (a) during the underlying cause last <u>4-term sclerosis</u> b. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., etc.)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from <u>Jan. 1957, 19</u> to <u>Feb. 4, 1958</u> , that I last saw the deceased alive on <u>Jan. 19, 1958</u> , and that death occurred at <u>10:30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. R. H. ...</u>		23b. ADDRESS <u>Ponaca, Nevada</u>	
24a. BURIAL CREMATORY REMOVAL (Specify)		24b. DATE <u>2-8-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Ponaca Cemetery</u>		24d. LOCATION (Give town or county) (State) <u>Ponaca Nevada</u>	
DATE REC'D BY LOCAL REG. <u>2-10-58</u>		REGISTRAR'S SIGNATURE <u>S. Marvin Chapman</u>	
		25. GENERAL DIRECTOR ADDRESS <u>S. Marvin Chapman</u>	

I hereby certify that the foregoing is a true full and correct copy of the original now on record in this office in Book H-1 of Deaths Page 87
Lincoln County Nevada Records.

Dated: February 23, 1972
County Recorder

February 23, 1972.

FILED AND RECORDED AT REQUEST OF Title Ins. & Trust Co.
March 20, 1972 AT 1 MINUTES PAST 9 O'CLOCK A M IN BOOK 3 OF OFFICIAL

RECORDS PAGE 560-561 LINCOLN COUNTY, NEVADA.

S. Marvin Chapman
COUNTY RECORDER