

Affidavit—Death of Joint Tenant

TD 8038 NV 12-671

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF Nevada
~~CLARK COUNTY~~ }
COUNTY OF Clark

DAVID ALTON LEE, of legal age, being first duly sworn, deposes and says:
That EATHEL K. LEE, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as EATHEL K. LEE
named as one of the parties in that certain Joint Tenant Deed dated October 17, 1961
executed by EATHEL K. LEE
to EATHEL K. LEE and DAVID ALTON LEE
as joint tenants, recorded as Instrument No. _____, on October 17, 1961
book L-1, page 427, of Official Records of Lincoln, in
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 29th day of February, 1972

Signature Shirley M. Smith

Name (Typed or Printed)

 **SHIRLEY M. SMITH**
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires Nov. 23, 1975

(This area for official notarial seal)

Title Order No. SC 20648

Escrow or Loan No. LV-134914-SS

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

STATE OF NEVADA—DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRAR'S No. 88 STATE FILE No. 168

1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) A. STATE <u>Nevada</u> B. COUNTY <u>Lincoln</u>	
3. CITY, TOWN, OR LOCATION <u>Calliente</u> C. Length of stay <u>4</u> in 10 <u>12</u>		C. CITY, TOWN, OR LOCATION <u>Panaca</u>	
D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Lincoln County Hospital</u>		D. STREET ADDRESS <u>Main Street</u>	
E. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E. IS RESIDENCE INSIDE CITY LIMITS? F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (First or First) <u>Rachel</u> (Middle) <u>Lee</u> (Last)		4. DATE (Month) (Day) (Year) <u>Jan 24 1965</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10 1923</u>
9. USUAL OCCUPATION (Give kind of work some during most of pasting life, even if retired) <u>Indefinite</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Panaca, Nevada</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>David Peale</u>	
14. MOTHER'S MAIDEN NAME <u>Eliza Geary</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>None</u>	
16. SOCIAL SEC. NO. <u>None</u>		17. INFORMANT <u>David Lee</u> ADDRESS <u>Montebello, Calif.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c).) PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Chronic Myocarditis</u>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)			
21. I attended the deceased from <u>1955</u> to <u>1965</u> and last saw (him) (her) alive on <u>Jan 24-65</u> Death occurred at <u>1:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>James B. [Signature]</u>		22a. ADDRESS <u>Lincoln, Nevada</u>	
22c. DATE SIGNED <u>1-28-65</u>		23. NAME OF CEMETERY OR CREMATORIAL <u>Lincoln Cemetery</u>	
23a. DATE <u>1-27-65</u>		23b. LOCATION (City, town, or county) <u>Lincoln, Lincoln Nevada</u>	
24. FUNERAL DIRECTOR <u>Lincoln County Mortuary</u>		25. DATE REC'D BY <u>LOCAL REG.</u>	
26. EMBALMER'S LIC. NO. <u>09 Calliente</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 Las Vegas, Nevada.

By John J. [Signature]
John Reimer

No. 51322
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 562-563 LINCOLN
COUNTY, NEVADA.

[Signature]
COUNTY RECORDER