

Affidavit-Death of Joint Tenant

TO 5038 NV (8-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,
COUNTY OF Lincoln } ss.

I, Howard D. Zabriskie, of legal age, being first duly sworn, depose and say:
That Harris Willard Zabriskie, the decedent mentioned in the attached certified copy of
Certificate of Death, is the same person as Howard W. Zabriskie
named as one of the parties in that certain Joint Tenancy Deed dated April 1953
executed by Harris W. Zabriskie and Electra A. Zabriskie
to Harris W. Zabriskie and Electra A. Zabriskie
as joint tenants, recorded as Instrument No. 36468, on 6 February 1959, in
book "L-1", page 173, 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:

The north half (N½) of Lot 2 in Block 27, town of Panaca, Nevada

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 \$ 10,000.00

Dated August 25, 1972

Howard D. Zabriskie
Howard D. Zabriskie

SUBSCRIBED AND SWORN TO before me

this 25th day of August

Signature *[Signature]*

Lincoln County Recorder

Name (Typed or Printed)

(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

BOOK

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

BIRTH NO. _____ STATE FILE NO. _____
REGISTRAR'S NO. _____

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (When deceased lived. If institution, residence before admission) a. STATE <u>Nevada</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write BURIAL OR TOWN) <u>Panaca</u>		c. CITY (If outside corporate limits, write BURIAL OR TOWN) <u>Panaca</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Panaca Hosp</u>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. First <u>HARRIS</u> b. Middle <u>WILLARD</u> c. Last <u>ZABRISKIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1959</u>	
5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
8. USUAL OCCUPATION (See note at end of certificate) <u>Farmer</u>		9. AGE (In years) (Months) (Days) <u>70 6 5</u>	
10. FATHER'S NAME <u>William A. Zabriskie</u>		11. BIRTHPLACE (State or foreign country) <u>Manchester, N.H.</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? <u>No</u>		13. CITIZEN OF WHAT COUNTRY? <u>US</u>	
14. SOCIAL SECURITY NO. _____		15. MOTHER'S MAIDEN NAME <u>Emma P. Roberts</u>	
16. INFORMANT <u>Elvira Zabriskie</u>		17. MEDICAL CERTIFICATION	
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, stroke, etc. It means the direct, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Mortal conditions, if any, giving DUE TO (b) _____ DUE TO (c) _____ II. 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.)	
21. MECHANISM OF INJURY (Month) (Year) (Time) (Place) _____		21a. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>April 1952</u> to <u>Jan 28, 1959</u> , that I last saw the deceased live on <u>Jan 29, 1959</u> , and that death occurred at <u>8 A.M.</u> from the cause and on the date stated above.		23. SIGNATURE (Type or Print) <u>Howard L. Dale</u> 23a. ADDRESS <u>Caliente, Nevada</u> 23b. DATE SIGNED <u>7/21/59</u>	
24. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> 24a. DATE <u>7/21/59</u> 24b. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> 24c. LOCATION (City, town, or county) <u>Panaca, Nevada</u>		25. FUNERAL DIRECTOR <u>Marvin Chapman</u> ADDRESS <u>Caliente</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 of Death 122 Page 122 Lincoln County Nevada Records.

Dated: August 25, 1972
County Recorder

2012
FILED AT REQUEST OF
Howard Zabriskie
August 25, 1972
AT 15 MINUTES PAST 1 O'CLOCK
P.M. OF BODY OF DECEASED
RETURNED TO 54-55 LINCOLN COUNTY, NEVADA
Marvin Chapman
COUNTY RECORDER