

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA }
COUNTY OF ~~WYOMING~~ }
LINCOLN

DOROTHY C. DAVIS

, being first duly sworn, deposes and says that affiant is over the age of Twenty One years and competent to be a witness as to the matters hereinafter stated.

That affiant is the survivor the person named as Dorothy C. Davis

, one of the grantees in that certain deed recorded January 19, 1946 as Document No. 20517 in Book G-1 Page 302 of Deeds in the office of the County Recorder of Lincoln County, State of Nevada.

That CLAUDE O. DAVIS

was one of the grantees named in said deed and was the identical person named as CLAUDE O. DAVIS, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

Dorothy C. Davis

Subscribed and sworn to before me this 24 day of October, 1972

Inez C. Thomas
Notary Public in and for said County and State

INEZ C. THOMAS
Notary Public — State of Nevada
Lincoln County
My Commission Expires August 14, 1973

When recorded mail to:
Dorothy C. Davis
P.O. Box 15
Caliente, Nevada 89008

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

393 LOCAL FILE NUMBER **301** STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1 DECEASED—NAME: **Claude O. Davis** SEX: **Male** DATE OF DEATH: **10/7/72**
 aka: **Claude Ollie Davis**

2 RACE: **White** AGE—LAST BIRTHDAY: **52** UNDER 1 YEAR: **None** DATE OF BIRTH: **7/10/1910** COUNTY OF DEATH: **Lincoln**

3 CITY, TOWN OR LOCATION OF DEATH: **Caliente** YES OR NO: **Yes** HOSPITAL OR OTHER INSTITUTION—NAME: **Home, 145 Lincoln Street**

4 STATE OF BIRTH: **Nevada** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: **Married** SURVIVING SPOUSE (GIVE MAIDEN NAME): **Dorothy Calvert**

5 USUAL OCCUPATION: **Heavy Equipment (Retired)** KIND OF BUSINESS OR INDUSTRY: **Bureau of Land Management**

6 SOCIAL SECURITY NUMBER: **123 456 789** CITY, TOWN OR LOCATION: **Caliente** YES OR NO: **Yes** STREET AND NUMBER: **145 Lincoln Street**

7 RESIDENCE STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN OR LOCATION: **Caliente** YES OR NO: **Yes** STREET AND NUMBER: **145 Lincoln Street**

PARENTS

8 FATHER NAME: **Leuel Claude Davis** MOTHER MAIDEN NAME: **Daisy Henrietta Tennille**

9 INFORMANT—NAME: **Gary Davis** MAILING ADDRESS: **P. O. Box 15, Caliente, Nevada 89008**

CAUSE

10 DEATH WAS CAUSED BY: **Chronic Myocarditis**
Cor Pulmonale
Pulmonary Emphysema

11 OTHER SIGNIFICANT CONDITIONS: **None**

12 ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY: **None**

13 CERTIFICATION: **Jan 13 63** TO: **Oct 7 72** BY: **Oct 7 72** DID: **3 P**

14 CERTIFIER: **Grover C. Dils, MD** SIGNATURE: **Grover C. Dils** DATE SIGNED: **10-12-72**

15 BURIAL: **Burial** CEMETERY OR CREMATORY: **I.O.O.F. Cemetery** LOCATION: **Caliente, Nevada**

16 FUNERAL DIRECTOR: **Doyle** REGISTRATION: **Simon A. Dils** DATE RECEIVED BY LOCAL REGISTRAR: **10-12-72**

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 Department of Health at Carson City, Nevada.

Date issued:
October 17, 1972

[Signature]
SECTION OF VITAL STATISTICS

52324 FILED AND RECORDED AT REQUEST OF **Dorothy C. Davis**
October 27, 1972 AT **55** MINUTES PAST **3** O'CLOCK **P.M.** IN BOOK **253** OF CHANGE
253 LINCOLN COUNTY, NEVADA

BOOK **6** PAGE **254**