

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF Lincoln)

Alvin H. Fry, first being duly sworn, deposes and says:

1.

That he is the surviving spouse of Fay Lois Fry who died on September 26, 1968, 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:

Tract No. 37, also described as the SE $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 4, Township 4 North, Range 66 East, M.D.B.&M., also

The N $\frac{1}{2}$ SE $\frac{1}{4}$, SW $\frac{1}{2}$ SE $\frac{1}{4}$, S $\frac{1}{2}$ NE $\frac{1}{4}$ and the NW $\frac{1}{4}$ NE $\frac{1}{4}$ of Section 25, and the W $\frac{1}{2}$ SW $\frac{1}{4}$ of Section 36, T6N., R67E., MDB&M., containing 320 acres on Wilson Creek, together with all improvements thereon and the appurtenant water rights, namely Certificate Nos. 2531 and 3405 for Wilson Creek Waters, and application No. 9338 for the waters of Hidden Treasurer Spring, also the pipeline from said Spring to said Ranch.

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 his sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

Dated February 13, 1973

Alvin H. Fry
Alvin H. Fry Affiant

Subscribed and sworn to before me this 13th day of February A.D. 1973

James DeLong
County Recorder



EXHIBIT "A"

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 1968

TYPE OR PRINT IN PERMANENT INK SEE HEADNOTE FOR INSTRUCTIONS

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1 Faye Lois		FRY				Female				September 26, 1968	
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4 White		46						Aug. 14, 1922		Clark	
CITY, TOWN, OR LOCATION OF DEATH		RESIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN STATE, LIVE STREET AND NUMBER)							
5 Las Vegas		7 Yes		14 Southern Nevada Memorial Hospital							
STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)					
3 Texas		U.S.A.		16 Married		Alvin Fry					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
		18 Housewife		13 Own Home							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		RESIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14 Nevada		10 Clark		14 Las Vegas		14 Yes		1700 North First St.			
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MARRIAGE NAME		FIRST	
15 Lucian Bona		Scott				Anell		McAdams			
INFORMANT—NAME		MARRIAGE ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
17 Alvin Fry		17 700 North First St., Las Vegas		Nev.		89101					
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
(a)		Generalized Sepsis				2 WEEKS					
(b)		RACIAL IN NECLISIS I Glau				2 MONTH					
(c)		CARCINOMA OF CERVIX				6 YEARS					
CONDITIONS, IF ANY, WHICH DATE RISE TO IMMEDIATE CAUSE OR, STATING THE NUMBER, LIVING CAUSE LAST											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I		R ILIAC ARTERY OCCLUSION & R A-K ANEURYSM									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE					
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		A.S.		TO		DATE OF DEATH		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BUT TO THE CAUSE(S) STATED.			
21a		A.S.		TO		DATE OF DEATH		21b		21c	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND IN THE MANNER STATED.											
22a											
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE		DEPT. OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a		[Signature]		[Title]		[Date]					
MARRIAGE ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE					
23b		[Address]		[City]		[State]					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
24 Burial		24a Palm Memorial Park		24b Las Vegas,		Nevada					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
25 Sept. 28, 1968		25a Palm Mortuary, 1325 N. Main St. Las Vegas, Nevada 89101									
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
26 [Signature]		26a [Signature]		26b 7-27-68							

Las Vegas, Nevada 10-1-68

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 [Signature] Deputy

3919

No. 52630

FILED AND RECORDED AT REQUEST OF
ALVIN FRY
FEB. 13, 1973

AT 10 MINUTES PAST 4 O'CLOCK
P.M. IN BOOK 6 OF OFFICIAL
RECORDS, PAGE 653 LINCOLN
COUNTY, NEVADA.

[Signature]
COUNTY RECORDER