

Lincoln County

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                  )ss.  
COUNTY OF Lincoln )

I. Ebba Arnold, first being duly sworn, deposes and says:

1.

That she is the surviving spouse of Ray M. Arnold who died on March 18, 1973, at Boulder City, Nevada

2.

That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of lots nine (9), Ten (10), Twelve (12), Thirteen (13), Fourteen (14) and Fifteen (15) in Block Twenty-nine (29) in the town of Pioche, Nevada.

Together with any and all buildings and improvements situate thereon.

Also all of the E½NW¼, the W½NE¼, the NE¼SW¼ and the NW¼SE¼ of Section 10, T. 5 S., R. 60 E., M.D.B. & M., containing 240 acres, more or less.

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 her sole and separate property pursuant to Nevada Revised Statutes 40.470(3).

Dated April 10, 1973

Ebba Arnold  
Affiant

Subscribed and sworn to before me this 10th day of April A.D. 1973

James [Signature]  
County Recorder



Lincoln County

EXHIBIT "A"

393 STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION  
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH 1973

DECEASED—NAME: **Ray M. ARNOLD** SEX: **male** DATE OF DEATH (MONTH, DAY, YEAR): **March 18, 1973**

RACE: **white** AGE—LAST BIRTHDAY (YEARS): **74** UNDER 1 YEAR: **74** UNDER 1 DAY: **74** DATE OF BIRTH (MONTH, DAY, YEAR): **July 15, 1898** COUNTY OF DEATH: **Clark**

CITY, TOWN, OR LOCATION OF DEATH: **Boulder City** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Boulder City Hospital**

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): **Missouri** CITIZEN OF WHAT COUNTRY: **USA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME): **Ebba Hill**

SOCIAL SECURITY NUMBER: [REDACTED] USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Maintenance Supt.** KIND OF BUSINESS OR INDUSTRY: **Construction**

RESIDENCE—STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN, OR LOCATION: **Pioche** STREET AND NUMBER (SPECIFY YES OR NO): **No street address** P.O. Box: **16**

FATHER—NAME: **George C. Arnold** MOTHER—MAIDEN NAME: **Betty Oldham**

INFORMANT—NAME: **Ebba Arnold** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **P. O. Box 16, Pioche, Nevada 89043**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) **Respiratory failure** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **15 days**

(b) **Coronary thrombosis** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **1 week**

(c) **Intermittent cardiac arrhythmia** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **years**

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)

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 16): [ ]

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: MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH (INCLUDE HOUR) DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, SUP M. TO THE CAUSE(S) STATED: **Jan 1973 TO 3 18 73 3 18 73 2:10 A**

CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR: [ ]

CERTIFIER—NAME (TYPE OR PRINT): **John R. Connolly MD** SIGNATURE: [ ] DEGREE OR TITLE: **MD** DATE SIGNED (MONTH, DAY, YEAR): **3/21/73**

MAILING ADDRESS—CERTIFIER: **1100 Arizona Ave., Boulder City, Nevada 89003**

BURIAL, CREMATION, REMOVAL (SPECIFY): [ ] CEMETERY OR CREMATORY—NAME: **Caliente Veterans Plot** LOCATION: **Caliente, Nevada**

DATE (MONTH, DAY, YEAR): **March 22, 1973** FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): **Palm Mortuary, 8005 Boulder Hwy., Henderson, Nev. 89015**

FUNERAL DIRECTOR—SIGNATURE: **Dallas & Bessard** REGISTRAR—SIGNATURE: **Otto Ravenholt** DATE RECEIVED BY LOCAL REGISTRAR: **3-27-73**

Las Vegas, Nevada 3/28/73

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

No. **52736**  
FILED AND RECORDED AT REQUEST OF  
**EBBA ARNOLD**  
**APRIL 10, 1973**  
AT **50** MINUTES PAST **10** O'CLOCK  
**A.M.** IN BOOK **7** OF OFFICIAL  
RECORDS, PAGE **129-130** LINCOLN  
COUNTY, NEVADA.  
[Signature]  
COUNTY RECORDER

BOOK **7** PAGE **130**