

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)ss.
COUNTY OF Lincoln)

I, Rose P. Moorehead, first being duly sworn, deposes and says:

1.

That she is the surviving spouse of Ralph T. Moorehead who died on April 6, 1973, at Los Angeles, California

2.

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

Lots 13, 14 and 15 in Rowans Subdivision to the City of Caliente, Nevada.

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(5).

Dated
April 25, 1973

Rose P. Moorehead
Affiant

Subscribed and sworn to before me this 25th day of April A.D. 1973

Bruce [Signature]
County Recorder



EXHIBIT "A"

CERTIFICATE OF DEATH

STATE OF CALIFORNIA - DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE FILE NUMBER		1a NAME OF DECEASED—FIRST NAME		1b MIDDLE NAME		1c LAST NAME		2a DATE OF DEATH—MONTH DAY YEAR		2b HOUR	
		RALPH		TEMPLETON		MOOREHEAD		APRIL 6, 1973		1330	
3 SEX		4 COLOR OR RACE		5 BIRTHPLACE (STATE OR FOREIGN COUNTRY)		6 DATE OF BIRTH		7 AGE—LAST BIRTHDAY		IF UNDER 1 YEAR	
Male		Caucasian		Missouri		January 2, 1893		80 YEARS		IF UNDER 24 MONTHS	
8 NAME AND BIRTHPLACE OF FATHER		9 MAIDEN NAME AND BIRTHPLACE OF MOTHER		10 CITIZEN OF WHAT COUNTRY		11 SOCIAL SECURITY NUMBER		12 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)		13 NAME OF SURVIVING SPOUSE (IF WIFE ENTER MARRIED NAME)	
Orlando Moorehead - Unknown		Unknown		U.S.A.		[REDACTED]		Married		Rose Varner	
14 LAST OCCUPATION		15 DURATION OF SERVICE IN THIS OCCUPATION		16 NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED SO STATE)		17 KIND OF INDUSTRY OR BUSINESS		18a PLACE OF DEATH—NAME OF HOSPITAL OR OTHER IN-PATIENT FACILITY		18b STREET ADDRESS—STREET AND NUMBER OR LOCATION	
Agent		28		Union Pacific Railroad		Railroad		Good Samaritan Medical Center		1212 Shatto Street	
18c INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		18d COUNTY		18e CITY OR TOWN		18f LENGTH OF STAY IN CALIFORNIA		18g LENGTH OF STAY IN CALIFORNIA		18h LENGTH OF STAY IN CALIFORNIA	
Yes		Los Angeles		Los Angeles		3 Mos. YEARS		3 Mos. YEARS		3 Mos. YEARS	
19a USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION)		19b INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)		19c CITY OR TOWN		19d COUNTY		19e STATE		20 NAME AND MAILING ADDRESS OF INFORMANT	
11 Rowan Drive Box 416		Yes		Callente		Lincoln		Nevada		Rose Moorehead, wife	
21a PHYSICIAN'S OR CORONER'S CERTIFICATION		21b PHYSICIAN'S OR CORONER'S CERTIFICATION		21c PHYSICIAN'S OR CORONER'S CERTIFICATION		21d PHYSICIAN'S OR CORONER'S CERTIFICATION		21e PHYSICIAN'S OR CORONER'S CERTIFICATION		21f DATE SIGNED	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		4-9-73	
22a SPECIFY BURIAL ENTOMBMENT OR CREATION		22b DATE		23 NAME OF CEMETERY OR CREMATORY		24 EMBALMER—SIGNATURE (IF NONE EMBALMED LICENSE NUMBER)		25 NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		26 IF NOT CERTIFIED BY LICENSED REG. (SPECIFY YES OR NO)	
Burial		4/11/73		Forest Lawn Memorial Park, Cypress		[REDACTED]		Forest Lawn, Cypress, Calif.		NO	
29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (A)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (B)		29 PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (C)		30 PART II OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO THE IMMEDIATE CAUSE LISTED IN PART I		31 WHO REPORTED DEATH (FURNITURE STORE, POLICE, etc.)		32 HISTORY (IF YES) (IF YES) (IF YES)	
9 Cause of Death		Broncho pneumonia		Widespread cancer lung		[REDACTED]		YES		YES	
33 SPECIFY ACCIDENT SUICIDE OR HOMICIDE		34 PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		35 INJURY AT WORK (SPECIFY YES OR NO)		36 DATE OF INJURY—MONTH DAY YEAR		37a PLACE OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)		37b INJURY FROM FALL (IF YES) (IF YES) (IF YES)	
38 INJURY FROM FALL (IF YES) (IF YES) (IF YES)		39 INJURY FROM OTHER CAUSE (IF YES) (IF YES) (IF YES)		40 DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY; NATURE OF INJURY SHOULD BE ENTERED IN FIELD 29)							

THIS IS A TRUE CERTIFIED COPY OF THE RECORD FILED IN THE LOS ANGELES COUNTY HEALTH DEPARTMENT IF IT BEARS THE SEAL IMPRINTED IN PURPLE INK.

APR 12 1973

[Signature]

F. A. Henderson, M.D., M.P.H. Health Officer and Registrar

52797 FILED AND RECORDED AT REQUEST OF Rose E. Moorehead

APRIL 23, 1973 AT 30 MINUTES PAST 1 O'CLOCK P.M. IN BOOK 7 OF OFFICIAL RECORDS, PAGE 200-20 LINCOLN COUNTY, NEVADA.

[Signature]

COUNTY REGISTRAR

BOOK 7 PAGE 201