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AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)

: ss

COUNTY OF LINCOLN)

DONNA SIMS, being first duly sworn, deposes and says:

1.

That she is a personal acquaintance of L. G. HARRIS, the surviving spouse of MAUDE HARRIS, who died on June 6, 1963, in Caliente, Lincoln County, Nevada.

2.

That at the time of death of the decedent, L. G. HARRIS and the decedent owned property in joint tenancy described as follows:

Lot Two (2), Block Twenty-eight (28) in the Town of Panaca, County of Lincoln, State of Nevada, together with one-half (1/2) share in Panaca Irrigation Company.

3.

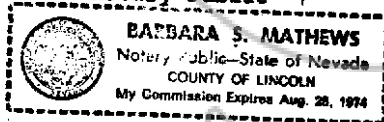
That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims that the above-described property is the sole and separate property of said L. G. HARRIS pursuant to Nevada Revised Statutes 40.470(5).

Dated: May 25, 1973

Donna Sims
Affiant

Subscribed & Sworn to before me
this 25 day of May, 1973.

Barbara S. Mathews
Notary Public



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CERTIFICATE OF DEATH STATE FILE NO. 46

REGISTRAR'S NO. 46

1 PLACE OF DEATH STATE OF NEVADA
A COUNTY Lincoln

2 CITY, TOWN OR LOCATION Callente

3 NAME OF HOSPITAL OR INSTITUTION Lincoln County Hospital

4 USUAL RESIDENCE (If here deceased lived, if institution: Residence before admission)
A STATE Nevada B COUNTY Lincoln

5 CITY, TOWN OR LOCATION Paradise

6 STREET ADDRESS 1000

7 IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

8 IS RESIDENCE INSIDE CITY LIMITS? YES NO

9 IS RESIDENCE ON A FARM? YES NO

10 NAME OF DECEASED (Print or Type) John L. Harris

11 DATE OF DEATH (Month) (Day) (Year) June 6, 1973

12 SEX Male 13 COLOR OR RACE White 14 MARRIAGE STATUS Never Married 15 DATE OF BIRTH May 1, 1910

16 AGE (In years, last birthday) 63 17 IF UNDER 1 YEAR: Months 5 Days 26 Hours 11 Min. 00

18 USUAL OCCUPATION None 19 KIND OF BUSINESS OR INDUSTRY None 20 BIRTHPLACE Paradise, Nevada 21 CITIZEN OF WHAT COUNTRY? USA

22 FATHER'S NAME John L. Harris 23 MOTHER'S MAIDEN NAME Audie Jordan

24 WAS DECEASED EVER IN U.S. ARMED FORCES? (If so, give unit) No 25 SOCIAL SEC. NO. None 26 INFORMANT John L. Harris, Paradise, Nevada

27 CAUSE OF DEATH (Part I) (Immediate Cause) Bronchopneumonia

28 (Part II) (Other Significant Conditions Contributing to Death but Not Related to the Terminal Disease) Chronic Myocarditis

29 (Part III) (Other Significant Conditions Contributing to Death but Not Related to the Terminal Disease) None

30 ACCIDENT? SUICIDE? 31 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 28) None

32 TIME OF INJURY None

33 INJURY OCCURRED WHILE AT WORK? 34 PLACE OF INJURY (If at home, give street, Apt. No., etc.) None

35 CITY, TOWN, OR LOCATION Callente, Nevada 36 COUNTY Lincoln 37 STATE Nevada

38 I, John L. Harris, attended the deceased from June 5 to June 6 and last saw him (her) alive on June 6 at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated, death occurred at 1:00 P.M.

39 SIGNATURE John L. Harris 40 ADDRESS Callente, Nevada 41 DATE SIGNED 6/6/73

42 NAME OF CEMETERY OR CREMATORY White Pine 43 LOCATION (City, town, or county) Nevada

44 GENERAL DIRECTOR None 45 EMBALMER'S LIC. NO. None 46 ADDRESS None 47 DATE REC'D BY LOCAL REG. 6/13/73 48 REGISTRAR'S SIGNATURE John L. Harris

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 Division of Health at Carson City, Nevada.

Date issued: June 6, 1973

John L. Harris
JOHN L. HARRIS, CHIEF
SECTION OF VITAL STATISTICS

Received
June 8, 1973

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