

Affidavit—Death of Joint Tenant

TO 8036 NV (8-87)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

RALPH E. PASCHAL, of legal age, being first duly sworn, deposes and says:
 That MARY JOSEPHINE PASCHAL, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as MARY JOSEPHINE ATKINSON PASCHAL
 named as one of the parties in that certain JOINT TENANCY DEED dated 20th OF SEPTEMBER 1971
 executed by James H. Gottfredson and Dorothy G. Holt
 to Ralph E. Paschal and *Josephine atkinson Paschal (* MARY)
 as joint tenants, recorded as Instrument No. 50887, on September 28, 1971, in
 book 2, page 600-602 of Official Records of Lincoln
 County, Nevada, covering the following described property situated in the City of Caliente
 County of Lincoln, State of Nevada:

All of Lots Numbered Twelve (12) and Thirteen (13) in Block "B" of
 the James H. Gottfredson's addition to the City of Caliente, Nevada,
 as said lots and block are delineated on the official plat of said
 addition now on file in the office of the County Recorder of said
 Lincoln County, and to which plat and records therefore reference
 is hereby made for further particular description.

See Map shown as exhibit "A" on Page of of Joint Tenancy Deed.

That the value of all real and personal property owned by said decedent at date of death, including the full value of
 the property above described, did not then exceed the sum of \$ 525.

Dated November 26 1974

Ralph E Paschal
Ralph E Paschal

SUBSCRIBED AND SWORN TO before me

this 26th day of November, 1974

Signature Ann Black
ANN BLACK
 Name (Typed or Printed)

ANN BLACK
 Notary Public — State of Nevada
 Washoe County
 My Commission Expires May 31, 1978

(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

RALPH E. PASCHAL

AND WHEN RECORDED MAIL TO

Name RALPH E. PASCHAL
2279 CASTLEBERRY LANE
 Street Address LAS VEGAS, NEVADA.
89110
 City & State

SPACE BELOW THIS LINE FOR RECORDER'S USE

57368

FILED AND RECORDED AT REQUEST OF
Ralph E. Paschal
Oct. 21, 1975
 AT 30 MINUTES PAST 11 O'CLOCK
15 IN BOOK 538-539 OF OFFICIAL
 RECORDS, PAGE 538-539 LINCOLN
 COUNTY, NEVADA.

Ann Black
 COUNTY RECORDER

BOOK 15 PAGE 538

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TYPE, OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION
1926 DIVISION OF HEALTH—SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 3116

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
Mary Josephine		PASCHAL				Female		November 4, 1974			
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	MONTH	DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH					
White		67			Oct. 11, 1907	Clark					
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN LISTED, GIVE STREET AND NUMBER)									
Las Vegas		no		Vegas Valley Convalescent Center							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)					
Washington		U.S.A.		married		Ralph Paschal					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
		Homemaker		Own Home							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER					
Nevada		Clark		Las Vegas		2279 Castleberry Lane					
FATHER'S NAME		FIRST		MIDDLE		LAST		MOTHER—MARRIED NAME			
James Crighton		Atkinson				Mida Miller					
INFORMANT—NAME		MARRIAGE ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
Ralph Paschal (hus.)		2279 Castleberry Lane, Las Vegas, Nevada									
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))											
IMMEDIATE CAUSE		CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR (c), OR AS A CONSEQUENCE OF								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <i>Cerebral occlusion</i>											
(b) <i>Arteriosclerotic heart disease</i>											
(c)											
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)											
<i>Arteriosclerotic heart disease</i>										AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
no										no	no
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOURS		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, PER 101)					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BARG., ETC. (SPECIFY))		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE					
CERTIFICATION—PHYSICIAN		MONTH		DAY		YEAR		AND LAST DAY (WAS/NEVER ALIVE ON FOOT/ON HIS DEATH)		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
I attended the deceased from 10/28/74 to 11/4/74								11/1/74		72	
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 DUE TO THE CAUSE(S) STATED.											
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
Henry Ewy, M.D.		<i>Henry Ewy</i>		M.D.		11-4-74					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
3196 S. Maryland Pkwy.		Las Vegas		Nevada		89109					
FUNERAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE					
Cremation		Memory Gardens		Las Vegas		Nevada					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP			
Nov. 5, 1974		BUNKER BROTHERS MORTUARY		925 Las Vegas Blvd.		Las Vegas		Nevada 89101			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR'S SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
<i>Robert Horst</i>		<i>Wanda Terpen, Dep.</i>		11-4-74							

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA."
This copy was issued by Clark County from certified microfilm or from State certified documents as authorized by the State Board of Health pursuant to NRS 440.125. This is a true certified copy of the record only if it bears the seal of the District Registrar IMPRINTED IN PURPLE INK.

FEE \$2.00
Wanda Terpen
DISTRICT REGISTRAR
CLARK COUNTY, NEVADA

