

AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF LINCOLN)

ROSALIND W. GOTTFREDSON, being first duly sworn, deposes and says:

I.

That she is the surviving spouse of ROBERT B. GOTTFREDSON, who died on January 11, 1976 in Salt Lake City, Utah.

II.

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

Lot Fifteen (15) as shown upon the Amended Plat of Lincoln Park Addition to the Town of Caliente, filed April 28, 1945, as Document No. 19695, in the office of the County Recorder of Lincoln County, Nevada, situate in the City of Caliente, County of Lincoln, State of Nevada.

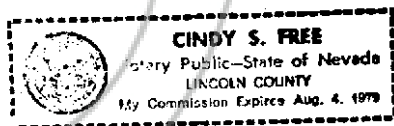
III.

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).

Rosalind W. Gottfredson
ROSALIND W. GOTTFREDSON

Subscribed and Sworn to before me this 2 day of April, 1976.

[Signature]
Notary Public



Lincoln County

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 18-108 STATE FILE NUMBER: _____

DECEDENT PERSONAL DATA	1. NAME OF DECEDENT - FIRST MIDDLE LAST ROBERT H. GOTTFREDSON			2. DATE OF DEATH - MONTH, DAY, YEAR (21) Jan 11, 1976		12. TIME OF DEATH - (24 HOUR CLOCK) 11:00 Am	
	3. SEX Male	4. RACE (WHITE, BLACK, INDIAN, ETC.) White	5. BIRTHPLACE (STATE, OR FOREIGN COUNTRY) Delta Utah	6. DATE OF BIRTH (MONTH, DAY, YEAR) April 27, 1927	7. AGE - LAST BIRTHDAY 48 YEARS	8. UNDER 1 YEAR <input type="checkbox"/>	9. UNDER 24 HOURS <input type="checkbox"/>
	8. CITIZEN OF WHAT COUNTRY United States		9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. NAME OF SURVIVING SPOUSE (IF WIFE, FATH, MAIDEN NAME) Rosalind Wilhelm Gottfredson	
	12. USUAL OCCUPATION (GIVE KIND OF WORK DONE EXCEPT SERVICE OR WORKING LIFE, EVEN IF RETIRED) Retired Service Station Owner			12. KIND OF BUSINESS OR INDUSTRY Self Employed		13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY (12)) COLLEGE (14 or 16) Elementary.	
USUAL RESIDENCE	14. NAME OF FATHER James H. Gottfredson			15. MAIDEN NAME OF MOTHER Orena Law		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? Merchant Marine	
	17. USUAL RESIDENCE - STREET ADDRESS (Include apartment or box number) Box # 177			17. HOME CITY, COUNCIL DISTRICT (Include ZIP CODE) Yes		18. NAME & MAILING ADDRESS OF INFORMANT James H. Gottfredson Jr. 3555 Victory Ave, Las Vegas, Nev. 89121	
	17. CITY OR TOWN Caliente, Nev	17. COUNTY Lincoln	17. STATE Nevada				
PLACE OF DEATH	19. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (Include street address) Holy Cross Hospital			19. CITY OR TOWN Salt Lake City, Utah		19. COUNTY Salt Lake	
	20. MEDICAL EXAMINER: I hereby certify that death occurred at the place stated above from the causes stated below as a result of an examination of the body and a review of the case history. Yes			20. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE <i>Elmer E. Kilpatrick, M.D.</i>		20. DATE SIGNED 01-12-76	
MEDICAL EXAMINER OR PHYSICIAN'S CERTIFICATION	21. PHYSICIAN: I hereby certify that I am a duly licensed physician in the State of Utah and I have examined the decedent during the month of January , 1976.			21. CERTIFIER'S NAME AND TITLE (Type or Print) Elmer E. Kilpatrick, M. D.		21. PHYSICIAN'S UTAH LICENSE NO. 2131	
	22. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (Specify) Yes DATE & HOW REPORTED			22. CERTIFIER'S ADDRESS 622 East 100 South Salt Lake City, Utah			
FUNERAL DIRECTOR AND LOCAL REGISTRAR	23. NAME OF FUNERAL HOME (Include street address) Removal--		23. DATE 1-12-76	23. SIGNATURE OF FUNERAL DIRECTOR <i>Neil O'Donnell</i>		23. FUNERAL HOME ADDRESS AND PHONE NO. 372 E. 100 South, Salt Lake City, Utah Neil O'Donnell Mortuary	
	24. NAME AND LOCATION OF CEMETERY OR CREMATORY Veterans Cemetery - Caliente, Nev.			25. LOCAL REGISTRAR SIGNATURE <i>James H. Gottfredson Jr.</i>		27. Date accepted for registration by local registrar Jan. 12, 1976	
CAUSE OF DEATH	26. PART I - DEATH WAS CAUSED BY (Specify) Hepato-renal failure.			26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10/74		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	26. PART II - (If any other cause was contributory, specify) (Specify) Laennec's cirrhosis of the liver.			26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 01/76			
26. PART III - (If any other cause was contributory, specify) (Specify) Wascococlonic fistula; pelvic phlemon; urinary infection.			26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
26. PART IV - (If any other cause was contributory, specify) (Specify) Bowel obstruction; peptic ulcer; colostomy; nodular fistula			26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		26. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
INJURY INFORMATION	27. DATE OF INJURY None			27. PLACE OF INJURY None		27. PLACE OF INJURY (If not home, state street, city, state, zip code)	
	28. TYPE OF INJURY None			28. TYPE OF INJURY None		28. TYPE OF INJURY (If not home, state street, city, state, zip code)	
	29. TYPE OF INJURY None			29. TYPE OF INJURY None		29. TYPE OF INJURY (If not home, state street, city, state, zip code)	

BOOK 17 PAGE 47

THIS IS TO CERTIFY THAT THIS IS A TRUE AND
CORRECT COPY OF THIS RECORD AS IT REAS
IN THIS OFFICE.

By *David DeWan Lee D. W. D.*
Registrar City - County Vital Statistics
June H. Cooper
Chief Deputy Registrar Vital Statistics

JAN 12 1976

No. 57989
FILED AND RECORDED AT REQUEST OF
Raymond Free
April 30, 1976
AT 25 MINUTES PAST 3 O'CLOCK
2 P.M. IN BOOK 17 OF OFFICIAL
RECORDS. PAGE 6 LINCOLN
COUNTY, NEVADA.
Michael Belwin
COUNTY RECORDER