

Affidavit—Death of Joint Tenant

TO 5036 NV (8-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA.

COUNTY OF Lincoln

I, Edith Maud Bailey, of legal age, being first duly sworn, deposes and says:
 That Frank Reginald Bailey, the decedent mentioned in the attached certified copy of
 Certificate of Death, is the same person as Frank R. Bailey
 named as one of the parties in that certain Joint Tenancy Deed dated 15 January 1953
 executed by Hazel B. Denton
 to Frank R. Bailey and Edith Maud Bailey
 as joint tenants, recorded as Instrument No. 28117 on January 20, 1953 in
 book "J-1" page 347 of Official Records of Real Estate Deeds, Lincoln
 County, Nevada, covering the following described property situated in the City of Caliente, Lincoln
 County of _____ State of Nevada:

All of lots numbered Four (4), Five (5) and Six (6)
 in Block numbered Four (4) as shown on the official plat
 of the City of Caliente, Nevada, on file and of record
 in the office of the County Recorder of Lincoln County
 in Pioche, Nevada.

Together with any and all improvements and buildings located thereon.

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 \$ 15,000.00

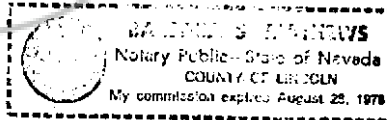
Dated November 24, 1976

Edith Maud Bailey
 Edith Maud Bailey

SUBSCRIBED AND SWORN TO before me

this 24th day of November 1976.

Signature Barbara S. Mathews
 Name (Typed or Printed) Barbara S. Mathews



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. _____

RECORDING REQUESTED BY _____

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO _____

Name _____
 Street Address _____
 City & State _____

No. 58756
 FILED AND RECORDED AT REQUEST OF
EDITH BAILEY
NOV 24 1976
 AT 1 MINUTES PAST 11 O'CLOCK
A.M. IN BOOK 18 OF OFFICIAL
 RECORDS, PAGE 604 LINCOLN
 COUNTY, NEVADA
Barbara S. Mathews
 COUNTY RECORDER

BOOK **18** PAGE **604**

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CAPITOL COMPLEX
SECTION OF VITAL STATISTICS
CARSON CITY, NEVADA 89710

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

TYPE, OR PRINT IN PERMANENT INK SEE INSTRUCTIONS FOR EXTENSIONS

387

LOCAL FILE NUMBER

STATE FILE NUMBER

DECEASED—NAME: **Frank Reginald Bailey** SEX: **Male** DATE OF DEATH: **Nov. 12, 1976**

RACE: **White** AGE—LAST BIRTHDAY (PLEASE): **86** UNDER 1 YEAR: **None** UNDER 1 DAY: **None** DATE OF BIRTH: **Jan. 13, 1890** COUNTY OF DEATH: **Lincoln**

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

STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY): **England** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK ONE): **Married** SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME): **Edith Deal Bailey**

SOCIAL SECURITY NUMBER: **[REDACTED]** USUAL OCCUPATION (GIVE KIND OF WORK BEING PERFORMED MOST OF TIME, EVEN IF IRREGULAR): **Rtd. Steel Erector** KIND OF BUSINESS OR INDUSTRY: **U.P. Railroad**

RESIDENCE—STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN, OR LOCATION: **Caliente** STREET AND NUMBER: **195 Culverwell St.**

FATHER—NAME: **Edwin Bailey** MOTHER—MARRIED NAME: **Mary Elizabeth (unk)**

INFORMANT—NAME: **Mrs. Edith Bailey** MAILING ADDRESS: **P. O. Box 262 Caliente, Nevada 89007**

PART I. DEATH WAS CAUSED BY:

(a) IMMEDIATE CAUSE: **Cerebrovascular accident** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **12 hrs**

(b) **Cerebrovascular Arteriosclerosis** DUE TO, OR AS A CONSEQUENCE OF: **30 yrs**

(c) **Age**

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I OR ALTOGETHER (YES OR NO): **Chrom. Abst. Pul. Disease**

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): **None** DATE OF INJURY (MONTH, DAY, YEAR): **None** HOUR: **None** HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 2B)

INJURY AT WORK (SPECIFY YES OR NO): **None** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)): **None** LOCATION: **None**

CERTIFICATION—PHYSICIAN: **Apr 2, 1976** TO **Nov. 12, 76** ALSO LAST SAW HIM/HER ALIVE ON: **Nov 12, 76** DID/DID NOT SEE THE BODY (CHECK ONE): **Did** DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, BELIEF AND TO THE BEST OF MY CAPABILITY, BASED ON THE CHIEF COMPLAINT: **2:35 P**

CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND IN THE MANNER STATED: **None**

CERTIFIER—NAME (TYPE OR PRINT): **S. E. Deal M.D.** SIGNATURE: **[Signature]** DEGREE OR TITLE: **M.D.** DATE SIGNED (MONTH, DAY, YEAR): **Nov. 15, 76**

MAILING ADDRESS—CERTIFIER: **P.O. Box 556 Caliente, Nevada 89007**

BURIAL, CREMATION, REMOVAL (CHECK ONE): **Burial** CEMETERY OR CREMATORY—NAME: **I.O.O.F. Cemetery** LOCATION: **Caliente, Nevada**

DATE: **Nov. 16, 76** FUNERAL HOME (NAME AND ADDRESS): **Lincoln County Mortuary Box 236 Caliente, Nevada**

FUNERAL DIRECTOR—SIGNATURE: **[Signature]** REGISTRAR—SIGNATURE: **[Signature]** DATE RECEIVED BY LOCAL REGISTRAR: **11-16-76**

DECEASED

USUAL RESIDENCE WHERE DECEASED OCCURRED OR INSTITUTION, CITY RESIDENCE BEFORE ADMISSION

PARENTS

CAUSE

CERTIFIER

BURIAL



I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.

Date Issued: **NOV 19 1976**

NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA DIVISION OF HEALTH

Jack Homeyer
JACK HOMEYER
Biostatistician
Chief, Section of Vital Statistics

Shalle Grana