

# Affidavit—Death of Joint Tenant

TO 8028 NV (8-66)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

Donna Jeane Heaps Hansen, of legal age, being first duly sworn, deposes and says:  
 That Etta Syphus Heaps, the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as Etta S. Heaps  
 named as one of the parties in that certain joint tenancy deed dated September 1, 1961,  
 executed by Etta S. Heaps and Margaret H. Jones  
 to Etta S. Heaps and Donna Jeane Hansen  
 as joint tenants, recorded as Instrument No. 38616, on September 19, 1961, in  
 book L-1, page 111, ~~at the Lincoln County~~ Real Estate Deeds, Lincoln  
 County, Nevada, covering the following described property situated in the Town of Panaca  
 County of Lincoln, State of Nevada:

All of the South Half of the North Half of Lot 3 in Block 28,  
 in the Town of Panaca, together with any and all improvements  
 thereon and contents therein.

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 \$ \_\_\_\_\_

Dated December 31, 1976

*Donna Jeane Heaps Hansen*  
 Donna Jeane Heaps Hansen

SUBSCRIBED AND SWORN TO before me

this 31st day of December, 1976

Signature Margaret H. Jones  
Margaret H. Jones Notary Public  
 Name (Typed or Printed)

MARGARET H. JONES  
 Notary Public — State of Nevada  
 Lincoln County  
 My Commission Expires July 30, 1980  
(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. 58997  
 FILED AND RECORDED AT REQUEST OF  
Mrs. Charles R. Jones  
Jan. 4, 1977  
 AT 30 MINUTES PAST 3 O'CLOCK  
P.M. IN BOOK 19 OF OFFICIAL  
 RECORDS, PAGE 255 LINCOLN  
 COUNTY, NEVADA  
*Charles R. Jones*  
 COUNTY RECORDER

BOOK **19** PAGE **255**

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

74- 4478

TYPE OF PRINT IN PERMANENT FILE SEE INSTRUCTIONS FOR

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH	DAY	YEAR				
BTIA SYPHUS HLEPS					Female	700	15	1974					
RACE		AGE—LAST BIRTHDAY (YEARS)		INDEX YEAR	UNDER 1 DAY	DATE OF BIRTH	MONTH	DAY	YEAR				
White		76				Mar. 5, 1898			Lincoln				
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)									
Caliente		Yes		Lincoln County Hospital									
STATE OF BIRTH (IF NOT IN U.S.A., GIVE CITIZEN OF WHAT COUNTRY)		U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED		None							
Nevada		Housewife		None									
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY									
[REDACTED]		Housewife		None									
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
Nevada		Lincoln		Paraca		Yes Unknown							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST					
		GEORGE	ALVIN	SYPHUS	MARGARET ANN	WARRINGTON							
INFORMANT—NAME		MAILING ADDRESS			STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP								
Mrs. Charles Jones		Paraca, Nevada 89042											
PART I. DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)											
IMMEDIATE CAUSE													
(a)		Congestive Heart Failure											
(b)		Chronic Myocarditis											
(c)													
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)		AUTOPSY		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?									
Acute Pyelitis		No		No									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I. OF PART II, ITEM 18)							
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
CERTIFICATION—PHYSICIAN		MONTH	DAY	YEAR	MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	MONTH	DAY	YEAR	DID/DO NOT/UNK. AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
216		Oct	6	74	Dec	15	74	Dec	15	74	Did	9:30	
CERTIFICATION—MEDICAL EXAMINER OR CORONER		ON THE BASIS OF THE EXAMINATION OF THE BODY AND OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD							
218													
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE		DEGREE		DATE SIGNED (MONTH, DAY, YEAR)							
222 Grover C. Dils, MD		<i>Grover C. Dils</i>		MD		Dec 28-74							
223 MAILING ADDRESS—CERTIFIER		CITY OR TOWN, STATE, ZIP											
224		Caliente Nevada 89008											
BURL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION									
230 Burial		Paraca City Cemetery		Paraca, Nevada									
231 DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP									
232 Dec. 18, 1974		Lincoln County Mortuary, P. O. Box 298, Caliente, Nev. 89008											
233 FUNERAL DIRECTOR		REGISTRAR—NAME		DATE RECEIVED BY LOCAL REGISTRAR									
234 David [REDACTED]		<i>Shirley L. [REDACTED]</i>		12-18-74									



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 10 1976**

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

*Jack Homeyer*  
JACK HOMEYER  
Biostatistician  
Chief, Section of Vital Statistics  
*Phillip Greiner*