

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

Kathleen D. Galnour, first being duly sworn, deposes and says;

1. That she is the surviving spouse of Frank W. Galnour who died on March 30, 1977, at Caliente, Nevada.

2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

Lot Four (4) of Amended Plat of Lincoln Park Addition, Caliente, Nevada, according to official plat thereof on file in the office of the County Recorder of said Lincoln County, Nevada.

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 the above described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Dated
June 14, 1977

Kathleen D. Galnour
Affiant

Subscribed and sworn to before me
this 14th day of June 1977.

Ernie B. [Signature]
COUNTY RECORDER

For Recorder's Use only

No. 59824

FILED AND RECORDED AT REQUEST OF
KATHLEEN D. GALNOUR
June 14, 1977
AT 20 MINUTES PAST 3 O'CLOCK
PM IN BOOK 21 OF OFFICIAL
RECORDS, PAGE 3 LINCOLN
COUNTY, NEVADA.

Ernie B. [Signature]
COUNTY RECORDER

Lincoln County

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

393		STATE FILE NUMBER		DATE OF DEATH	
FIRST		MIDDLE		LAST	
Frank		William		Galnour	
Male		Male		March 30, 1977	
AGE—LAST BIRTHDAY (YEARS)		MONTH		DAY	
82		03		30	
DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF BIRTH		COUNTY OF DEATH	
July 19, 1894		Lincoln		Lincoln	
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF IN CITY, GIVE STREET AND NUMBER)			
Caliente		Lincoln County Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME—CITIZEN OF WHAT COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF W.F., GIVE NAME AND ADDRESS)	
Indiana, U.S.A.		Married		Kathleen Devis Galnour	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
		Rtd. R.R. Fireman		Railroad	
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION	
Nevada		Lincoln		Caliente	
FATHER—NAME		MOTHER—Maiden Name		STREET AND NUMBER	
Frank Peter Galnour		Bertha Strouse Galnour		530 Lincoln Ave.	
INFORMANT—NAME		MAILING ADDRESS		STREET OF A.P.D. NO., CITY OR TOWN, STATE, ZIP	
Kathleen D. Galnour		P.O. Box # 96		Caliente, Nevada 89008	
PART I—DEATH WAS CAUSED BY		(ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3))		SPECIFY HOW LONG BETWEEN ONSET AND DEATH	
5793		(1) Acute Myocardial Failure		1 hr	
		(2) Congestive Heart Failure		1 wk	
		(3) Chronic Obstructive Pulmonary Dis.		90 yrs	
PART II—OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (3)		AUTOPSY		IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
Diabetes Mellitus		No		No	
ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 12)			
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY)		LOCATION		STREET OR R.T. NO., CITY OR TOWN, STATE	
CERTIFICATION—PHYSICIAN		MONTH		DAY	
1976 TO		Mar		30, 77	
AND LAST SAW HIM/HER ALIVE ON		MONTH		DAY	
Mar		30, 77		Died	
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.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD	
		5:10P		Died	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE	
S.E. Deal MD		<i>S.E. Deal</i>		MD	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE	
P.O. Box # 558		Caliente		Nevada	
FUNERAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY—NAME		LOCATION	
Burial		Beaver Cemetery		Beaver Utah	
DATE		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.T. NO., CITY OR TOWN, STATE, ZIP	
Apr. 2, 1977		Lincoln County Mortuary		Box 236 Caliente, Nevada 89008	
FURNISHAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
<i>J.F. Zimmerman</i>		<i>W.L. Shoups</i>		Apr 4 1977	

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 APR 11 1977

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



Jack Hombeyer
JACK HOMBAYER
Registrar
Chief, Section of Vital Statistics

By: *Jelda Ramirez*