

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA )  
                  ) SS.  
COUNTY OF LINCOLN )

Charles Guy Cottino, first being duly sworn, deposes and says;

1. That he is the surviving nephew of Deed T. Cottino who died on June 2 19 77, at Cedar City, Utah.
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

All of lots numbered Seventeen (17) and Eighteen (18) in Block numbered 39 and all of lots 31 and 32 in Block numbered 40 in the town of Pioche, Nevada, as said lots and blocks are delineated on the official plat, Supplement "A" Pioche Townsite, now on file in the office of the County Recorder of said Lincoln County, and to which plat and the records thereof reference is hereby made for further particular description.

Together with any and all buildings and improvements situate thereon.

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 his sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Dated

Charles Guy Cottino  
Affiant

Subscribed and sworn to before me

this 14th day of July 1977.

Melba Lynch  
Notary Public

MELBA LYNCH  
Notary Public - State of Nevada  
Lincoln County  
My Commission Expires Nov. 5, 1977

For Recorder's Use only

No. 59910

FILED AND RECORDED AT REQUEST OF  
Agnes Cottino

July 14, 1977

AT 15 MINUTES PAST 1 O'CLOCK  
P.M. IN BOOK 21 OF OFFICIAL  
RECORDS, PAGE 139 LINCOLN  
COUNTY, NEVADA.

David S. [Signature]  
COUNTY RECORDER

BOOK 21 PAGE 139

DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS

UTAH STATE DIVISION OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER **11-40** STATE FILE NUMBER

1. NAME OF DECEDENT - FIRST MIDDLE, LAST: **Dee Thomas Cottino** 2. DATE OF DEATH - MONTH, DAY, YEAR (24 HOUR CLOCK): **June 2, 1977** 3. TIME OF DEATH (24 HOUR CLOCK): **2:30 A.M.**

4. SEX: **Male** 5. RACE (SPECIFY RACE, ETHNICITY, OR NATIVITY): **White** 6. BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Nevada** 7. DATE OF BIRTH (MONTH, DAY, YEAR): **Feb. 6, 1916** 8. AGE (LAST BIRTH DAY): **61** YEARS 9. UNDER 1 YEAR:  10. 1-24 HOURS:  11. OVER 24 HOURS:

12. CITIZEN OF WHAT COUNTRY: **U. S. A.** 13. SOCIAL SECURITY NUMBER: **[REDACTED]** 14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Never Married** 15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME):

16. USUAL OCCUPATION (GIVE KIND OF WORK, OCCUPATION DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Carpenter** 17. KIND OF BUSINESS OR INDUSTRY: **12** 18. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY (0-8); COLLEGE (12-4 or 5-7))

19. NAME OF FATHER: **Guido Cottino** 20. MAIDEN NAME OF MOTHER: **Virginia Tira** 21. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): **Yes**

22. USUAL RESIDENCE - ST. EXT. ADDRESS (CITY AND COUNTY OF RESIDENCE): **P. O. Box 336** 23. INSIDE CITY COORDINATE LIMITS (Specify Yes or No): **Yes** 24. NAME & MAILING ADDRESS OF INFORMANT: **Albert G. Cottino, P. O. Box 352, Pioche, Nevada 89043**

25. CITY OR TOWN: **Pioche** 26. COUNTY: **Lincoln** 27. STATE: **Nevada**

28. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If not in home, give street address or location): **Valley View Medical Center** 29. CITY OR TOWN: **Cedar City** 30. COUNTY: **Iron**

31. MEDICAL EXAMINER: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. 32. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I attended the decedent and I last saw the decedent alive on month **6** day **7** year **77**. 33. CERTIFICATE'S NAME AND TITLE (Type or Print): **DAVID L. WILKERSON M.D.** 34. PHYSICIAN'S UTAH LICENSE NO.: **3152**

35. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (Yes or No): **NO** 36. CERTIFIER'S ADDRESS: **170 E. ALTAIR, CEDAR CITY, UTAH**

37. IF YES, DATE & HOUR REPORTED: 38. DATE OF BURIAL, CREMATION, OR OTHER DISPOSITION (If not in home, give street address or location): **Burial 6-4-77** 39. SIGNATURE OF FUNERAL DIRECTOR: **Clark [Signature]** 40. FUNERAL HOME - NAME AND ADDRESS: **Spillsbury & Graff, Cedar City, Utah 84720**

41. NAME AND LOCATION OF CEMETERY OR ORIGINARY: **St. Lawrence, Pioche, Nevada** 42. DATE OF INTERMENT: **6-2-77**

43. PART I: DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE, (A) AND (C) (A) IMMEDIATE CAUSE: **Congestive heart failure** (B) DATE T.O. AS A CONSEQUENCE OF: **6/2/77** (C) DATE T.O. AS A CONTRIBUTOR: **6/2/77** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **15 hrs**

44. PART II: OTHER SIGNIFICANT CONDITIONS - CONTRIBUTION TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: **Pneumonia** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **25 hrs**

45. AUTHORITY (Specify Yes or No): **NO** 46. YES, were findings confirmed by autopsy or other means? (Specify Yes or No): **NO**

47. DATE OF INJURY (month, day, year): 48. TIME OF INJURY (24 HOUR CLOCK): 49. INJURY AT WORK (Specify Yes or No): 50. PLACE OF INJURY (Specify home, farm, factory, roadway, office building, etc.):

51. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): 52. INJURY (Specify fall, blow, or other): 53. OTHER (Specify): 54. HOW INJURY OCCURRED (ENTER A SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28): 55. IF MOTOR VEHICLE ACCIDENT, SPECIFY IF DECEDENT WAS DRIVER, PASSENGER, OR PEDESTRIAN:

FDH-BHS 95 (5-76) This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.

Date Issued: **JUN 7 1977**

COUNTY: **SOUTHWESTERN UTAH**

REGISTRAR: **John E. Brockert**  
John E. Brockert  
DIRECTOR OF VITAL STATISTICS

