

# Affidavit-Death of Joint Tenant

TO 8036 NV (12-67)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF ~~NEVADA~~ IDAHO

COUNTY OF FRIMONT

Jimmie L. Peck

That Audrey Anna Peck, of legal age, being first duly sworn, deposes and says:

Certificate of Death, is the same person as Audrey Anna Peck, the decedent mentioned in the attached certified copy of

named as one of the parties in that certain Deed dated August 1, 1975

executed by Theodore R. Ebersole and May Elizabeth Ebersole

to Jimmie L. Peck and Audrey Anna Peck, husband and wife

as joint tenants, recorded as ~~XXXXXXXXXX~~ in Book "N-1" Page 384 on April 30, 1986

book "N-1" page 304, of Official Records of Lincoln County, Nevada, covering the following described property situated in the \_\_\_\_\_ County of Lincoln, State of Nevada:

Lot Forty-One (41) in Sun Gold Manor Unit No. 1.

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 \$ 4,7500.00

Dated 8/24/77

*Jimmie L. Peck*  
\_\_\_\_\_  
Jimmie L. Peck

SUBSCRIBED AND SWORN TO before me

this 24 day of Aug

Signature Richard W. Biorn  
\_\_\_\_\_  
Name (Typed or Printed)

(This area for official notarial seal)

Title Order No. SC 21055

Escrow or Loan No. LV-170394-EB-SC21055

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name Mr. Jimmie L. Peck  
Street Address P.O. Box 93  
City & State Teton, Idaho 83451

SPACE BELOW THIS LINE FOR RECORDER'S USE

**60349**

No. \_\_\_\_\_  
FILED AND RECORDED AT REQUEST OF  
Title Ins & Trust Co.  
Sept. 8, 1977

AT 1 MINUTES PAST 1 O'CLOCK  
P.M. IN BOOK 22 OF OFFICIAL  
RECORDS, PAGE 70 LINCOLN  
COUNTY, NEVADA.

*Richard W. Biorn*  
\_\_\_\_\_  
COUNTY RECORDER

BOOK 22 PAGE 70

LV-170394-EB & SC 21055

STATE OF NEVADA—DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH—SECTION OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

USUAL RESIDENCE WHEN DECEASED DIED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PLACED

CAUSED

CAUSE

PREPARED

DULY

1. DECEASED—NAME <b>AUDREY ANNA PECK</b>		2. SEX <b>FEMALE</b>		3. DATE OF DEATH (MONTH, DAY, YEAR) <b>DECEMBER 20, 1976</b>	
4. RACE <b>WHITE</b>		5. AGE—LAST BIRTHDAY (YEARS) MO. DAYS <b>46</b>		6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>DEC. 22, 1929</b>	
7. CITY, TOWN, OR LOCATION OF DEATH <b>LAS VEGAS</b>		8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN ZIP CODE, GIVE STREET AND NUMBER) <b>BEVERLY MANOR CONVALESCENT HOSPITAL</b>		9. COUNTY OF DEATH <b>CLARK</b>	
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>IDAHO</b>		11. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	
13. SOCIAL SECURITY NUMBER		14. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>WAITRESS</b>		15. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>JIMMY LeROY PECK</b>	
16. RESIDENCE—STATE <b>NEVADA</b>		17. COUNTY <b>LINCOLN</b>		18. CITY, TOWN, OR LOCATION <b>PANACA</b>	
19. FATHER—NAME <b>OTTO K. MCKEE</b>		20. MOTHER—MAIDEN NAME <b>ARLENE R. JEPSON</b>		19a. STREET AND NUMBER <b>McCROSKY BLVD.</b>	
21. INFORMANT—NAME <b>GEORGE C. McRANEY</b>		22. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>3101 CIVIC CENTER DR., NORTH LAS VEGAS, NEV. 89030</b>			
23. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE: <b>Carcinomatous cancer of cervix</b>					
24. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)					
25. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART II, ITEM 18)					
26. 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)					
27. CERTIFICATION—MONTH DAY YEAR TO MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR I DID/DID NOT VIEW THE BODY AFTER DEATH DEATH OCCURRED—AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, AND AS TO THE CAUSE(S) LISTED					
28. CERTIFICATION—MEDICAL EXAMINER OR CONDOR: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN AN OPINION, THE DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED					
29. CERTIFIER—NAME (TYPE OR PRINT) <b>HENRY H. EMY, M. D.</b>		30. SIGNATURE <i>Henry H. Emy</i>		31. DATE SIGNED (MONTH, DAY, YEAR) <b>12-20-76</b>	
32. MAILING ADDRESS—CERTIFIER <b>660 Desert Lane, Las Vegas, Nevada 89106</b>		33. DEGREE OF TITLE <b>MD</b>			
34. REMOVAL/BURIAL (SPECIFY) DATE (MONTH, DAY, YEAR) <b>DEC. 23, 1976</b>		35. CEMETERY OR CREMATORY—NAME <b>PANACA CEMETERY</b>		36. LOCATION <b>PANACA NEVADA</b>	
37. FUNERAL HOME—NAME AND ADDRESS <b>SPALDING MORTUARY, 310 Foremaster Ln., Las Vegas, Nevada 89101</b>		38. FUNERAL DIRECTOR—SIGNATURE <i>Spalding</i>		39. REGISTRAR—SIGNATURE <i>James D. Gordon</i>	
40. DATE RECEIVED BY LOCAL REGISTRAR <b>Dec. 22, 1976</b>					

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by Clark County from certified microfilm or from State certified documents as authorized by the State Board of Health pursuant to NRS 440.174. This is a true certified copy of the record only if it bears the seal of the District Registrar IMPRINTED IN PURPLE INK.

DISTRICT REGISTRAR CLARK COUNTY, NEVADA