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AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
 : ss
COUNTY OF LINCOLN)

DARELL H. FREE, being first duly sworn, deposes and says:

1. That he is the surviving spouse of LENA C. FREE, who died on October 21, 1977, in 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 that portion of Lot Three (3) in Block Thirty-six (36) in the Town of Panaca, County of Lincoln, State of Nevada, described as: Commencing at the northeast (NE) corner of said Lot 3 and running thence westerly a distance of 150 feet; thence at right angles southerly a distance of 134 feet; thence at right angles easterly a distance of 150 feet; thence at right angles northerly a distance of 134 feet to place of beginning, together with any and all 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 States 40.470(5).

Darell H. Free
Affiant

Subscribed & Sworn to before me
this 9 day of December, 1977.

Richard J. Mathews
Notary Public



No. 60958
FILED AND RECORDED AT REQUEST OF
John McGimsey
Dec. 9, 1977
AT 40 MINUTES PAST 9 O'CLOCK
9 A.M. IN BOOK 23 OF OFFICIAL
RECORDS, PAGE 252 LINCOLN
COUNTY, NEVADA.
DOMINICK BELINGHERI
COUNTY RECORDER

Dominick Belingheri
Deputy

SEVERE DUMMI

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF HEALTH
VITAL STATISTICS

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 11-76 STATE FILE NUMBER

1. NAME OF DECEDENT - FIRST, MIDDLE, LAST
Lena Cottino Free

2. DATE OF DEATH - MONTH, DAY, YEAR
Oct. 21, 1977

3. SEX
Female

4. RACE (WHITE, BLACK, HISPANIC, ETC.)
White

5. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Nevada

6. DATE OF BIRTH (MONTH, DAY, YEAR)
Feb. 8, 1913

7. AGE (LAST BIRTH DAY)
64 YEARS

8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

9. SOCIAL SECURITY NUMBER
[REDACTED]

10. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIAGE NAME)
Darell H. Free

11. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
Housewife

12. KIND OF BUSINESS OR INDUSTRY

13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY (8-12) | COLLEGE (13-16))
12

14. NAME OF FATHER
Guido Cottino

15. MAIDEN NAME OF MOTHER
Virginia Tira

16. USUAL RESIDENCE - STREET ADDRESS (street and number or location)
P. O. Box 122

17. INSIDE CITY CORPORATE LIMITS (Specify YES or NO)
Yes

18. NAME & MAILING ADDRESS OF INFORMANT
**Darell H. Free
P. O. Box 122
Panaca, Nevada 89042**

19. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (if not at home, give street address at location)
Valley View Medical Center

20. CITY OR TOWN
Cedar City

21. COUNTY
Iron

22. MEDICAL EXAMINER: I hereby certify that death occurred at the hour, date & place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.
J. S. Prestwich M.D.

23. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below based on attendance at the death and/or investigation of the circumstances.
J. S. Prestwich M.D.

24. DATE & HOUR REPORTED:
10-24-77

25. NAME AND LOCATION OF CEMETERY OR CREMATORY
St. Lawrence Catholic Pioche, Nevada

26. LOCAL REGULAR SIGNATURE
[Signature]

27. DATE ACCEPTED FOR REGISTRATION BY LOCAL OFFICE
10-31-77

28. PART I. DEATH WAS CAUSED BY:
(A) IMMEDIATE CAUSE
(B) INTERMEDIATE CAUSE
(C) CONTRIBUTING CAUSE

29. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

30. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVESTIGATION (Specify)

31. DATE OF INJURY (month, day, year)

32. TIME OF INJURY (24 HOUR CLOCK)

33. INJURY AT WORK (Specify YES or NO)

34. PLACE OF INJURY (Store, home, farm, factory, restaurant, street, office building, etc.)

35. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)

36. DISTANCE FROM PLACE OF INJURY TO USUAL RESIDENCE (from 17)

37. WERE LABORATORY TESTS DONE FOR DRUGS OR TOXIC CHEMICALS? (Specify YES or NO)

38. WERE LABORATORY TESTS DONE FOR ALCOHOL? (Specify YES or NO)

39. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 28)

40. IF MOTOR VEHICLE ACCIDENT, SPECIFY IF DECEDENT WAS DRIVER, PASSENGER OR OCCUPANT

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:
NOV 3 1977
COUNTY: **SOUTHWESTERN UTAH**
REGISTRAR: **DIST. HEALTH DEPT.**

John E. Bruckert
John E. Bruckert
DIRECTOR OF VITAL STATISTICS
BY: **[Signature]**



WARNING - IT IS ILLEGAL TO DUPLICATE THIS COPY