

JOINT TENANCY DEED

THIS INDENTURE made this 10<sup>th</sup> day of July, 1978, between GRACE WILLIAMS, a widow, of Panaca, Lincoln County, Nevada, as Grantor, and GRACE WILLIAMS of Panaca, Lincoln County, Nevada, and CHARLES K. WILLIAMS of Box 197 Panaca Nevada, mother and son, as Joint Tenants with right of survivorship, as Grantees.

WITNESS that the said Grantor in consideration of the sum of Ten Dollars (\$10.00) lawful money of the United States of America and other and further valuable consideration, the receipt where of is hereby acknowledged, deed by these presents, GRANT, BARGAIN and SELL unto the said Grantees, as Joint Tenants (and not as tenants in common) and to the survivor of them and the heirs and assigns of such survivor forever, all of the right, title and interest of Grantor in and to that certain real property described as:

A parcel of land situate in the Town of Panaca, County of Lincoln, State of Nevada, described as follows: Commencing at a point on the north side of the upper lane, also known as "P" Street in the Town of Panaca, at the center of the intersection of 2nd Street with the north side of "B" Street, shown on the official townsite plat as between Blocks 1 and 20 about 33 rods west of the actual townsite boundary line and running thence East along said North side of the upper lane a distance of 115 feet to the true Point of Beginning, thence continuing East along said North side of the Upper lane a distance of 75 feet, thence at right angles North a distance of 126 feet, thence at right angles West a distance of 75 feet, thence at right angles South a distance of 126 feet to the True Point of Beginning and immediately adjoining the property of Grover Swallow and Brookie Swallow to the East.

Also, that parcel of land located in the Southeast Quarter (SE<sup>1</sup>) of Section 5, Township 2 South, Range 68 East, MDB&M, within the Town of Panaca, County of Lincoln, State of Nevada, more particularly described as: Beginning on the point on the north side of B Street at the center of the intersection of Second Street with the north side of B Street, shown on the official plat of the Town of Panaca as between Blocks 1 and 20, said point being located about 33 rods west of the actual Townsite boundary line and running thence northerly at right angles to said B Street a distance of 126 feet, thence at right angles southerly 126 feet, thence westerly 115 feet along the north side of said B Street to the point of beginning.

Together with any and all improvements situate thereon.

TOGETHER WITH the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining, and the reversions, remainders, rents, issues and profits thereof.

TO HAVE AND TO HOLD all and singular the said premises together with the appurtenances unto the said Grantees as Joint Tenants and to the survivor of them and heirs and assigns of such survivor forever.

IN WITNESS WHEREOF the said Grantor has set hereunto her hand as of the day and year first above written.

Grace Williams  
GRACE WILLIAMS, Grantor

ACKNOWLEDGEMENT ATTACHED

1375  
Grace Williams

STATE OF UTAH

DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF HEALTH  
VITAL STATISTICS

CERTIFICATE OF DEATH

SOCIAL FILE NUMBER **27-80** STATE FILE NUMBER

NAME OF DECEASED: FIRST **ETHEL** MIDDLE **EMERNE** LAST **WOODS** SEX **F** RACE **WHITE** DATE OF BIRTH **APRIL 18, 1906** DATE OF DEATH **6-7-78**

WAS DECEASED OF SPANISH ORIGIN? **NO** (If "Yes," indicate from what country.)

BIRTHPLACE (State or foreign country) **NEVADA** US Citizen? **Yes** MARRIED  DIVORCED  WIDOWED  OTHER  EDUCATION (Specify grade completed or highest grade completed) **High School** SOCIAL SECURITY NUMBER **[REDACTED]**

USUAL OCCUPATION (Specify kind of work and hours during week of death) **[REDACTED]** KIND OF BUSINESS OR INDUSTRY **[REDACTED]** NAME OF SURVIVING SPOUSE (If wife, enter maiden name) **RUTH SCHUBENMAN**

NAME OF FATHER **RAYMOND GREGSON WOODS** MAIDEN NAME OF MOTHER **ELIZABETH TERRY** Was decedent ever in U.S. Armed Forces? **NO**

USUAL RESIDENCE (Street and number or location of residence) **BOX 57 PANACA, NEVADA** NAME & MAILING ADDRESS OF INFORMANT **BOX 57 PANACA, NEVADA**

CITY OR TOWN **PANACA** COUNTY **WASHO** STATE **NEVADA** NAME OF DECEASED **RUTH ELIZABETH WOODS**

NAME OF PLACE WHERE DEATH OCCURRED (Specify street address or location) **STATE MEDICAL CENTER** IN PATIENT'S HOME?  IN HOSPITAL?  IN NURSING HOME?  IN OTHER PLACE?  CITY OR TOWN **ST. GEORGE** COUNTY **WASHINGTON**

MEDICAL EXAMINER (Name, address, and telephone number) **Norman Hanson** PHYSICIAN OR MEDICAL EXAMINER SIGNATURE **Norman Hanson** TIME OF DEATH (24 hr clock) **15:00**

DATE OF DEATH **6-7-78** CERTIFIER'S NAME AND TITLE (Type in full) **NORMAN HANSON MD** DATE SIGNED (Mo., Day, Year) **6-9-78**

CERTIFIER'S ADDRESS AND ZIP CODE **222 E. 600 SOUTH** UTAH PHYSICIAN LICENSE NUMBER **2740**

DATE OF DEATH **6-10-1978** PLACE AND LOCATION OF BURIAL OR CREMATION **PANACA CITY CEMETERY** LOCAL HEALTH DEPARTMENT **PANACA CITY CEMETERY** MORTUARY **288 W 100 N.** Date recorded for registration by local registrar **6-9-78**

PART OF DEATH WAS CAUSED BY IMMEDIATE CAUSE **Myocardial infarction, long term heart failure** Interval between onset and death **[REDACTED]**

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STRAINING THE UNDEVELOPED CAUSE (B) STRAINING THE UNDEVELOPED CAUSE (C) STRAINING THE UNDEVELOPED CAUSE (D) STRAINING THE UNDEVELOPED CAUSE

OTHER SIGNIFICANT CONDITIONS (If any) WHICH CONTRIBUTED TO DEATH OR WERE RELATED TO IT

IMMEDIATE CAUSE GIVEN IN PART 1

21. TOPOSY  YES  NO  IF YES, were findings confirmed in determining cause of death?  YES  NO

22. PLACE OF INJURY (Specify home, farm, factory, highway, street, etc.)  YES  NO

23. Were laboratory tests made for alcohol?  YES  NO

24. Were laboratory tests made for drugs or chemicals?  YES  NO

25. Was there any other injury?  YES  NO

26. Was there any other injury?  YES  NO

27. Was there any other injury?  YES  NO

28. Was there any other injury?  YES  NO

29. Was there any other injury?  YES  NO

30. Was there any other injury?  YES  NO

31. Was there any other injury?  YES  NO

32. Was there any other injury?  YES  NO

33. Was there any other injury?  YES  NO

34. Was there any other injury?  YES  NO

35. Was there any other injury?  YES  NO

36. Was there any other injury?  YES  NO

37. Was there any other injury?  YES  NO

38. Was there any other injury?  YES  NO

39. Was there any other injury?  YES  NO

40. Was there any other injury?  YES  NO

FD-11-BHS 95 (5-7-76)

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, Title 26 of the Utah Code Annotated, 1953 as Amended.

Date Issued: **JUN 9 1978**

COUNTY: **SOUTHWESTERN UTAH**

REGISTRAR: **[Signature]**

John E. Bruckert  
John E. Bruckert  
DIRECTOR OF VITAL STATISTICS  
BY **[Signature]** 206K

