

Affidavit—Death of Joint Tenant

TO B34 NY (9-67)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,
COUNTY OF Clark } ss.

JOAN F. HANSEN, of legal age, being first duly sworn, deposes and says:
That CLARENCE LESTER HANSEN the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as CLARENCE L. HANSEN named as one of the parties in that certain Deed dated March 6, 1970, executed by Edwin LeRoy Wadsworth and Verona L. Wadsworth to CLARENCE L. HANSEN and JOAN F. HANSEN, husband and wife, as joint tenants, recorded as Instrument No. 48917 on April 7, 1979, in book 0-1, page 24, of Official Records of County Recorder, Lincoln County, Nevada, covering the following described property situated in the unincorporated Town of Panaca, County of Lincoln, State of Nevada:

All of Lot numbered TWO (2) in Block numbered FORTY-SEVEN (47) in the unincorporated TOWN OF PANACA, in the County of Lincoln, State of Nevada, as said lot and block are delineated and described in the Official Plat of the Town of Panaca, on file and of record in the Office of the County Recorder in and for the County of Lincoln, State of Nevada, at Pioche, Nevada, to which said plat reference is hereby made for a more full and complete description.

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 \$

Dated February 27, 1979
Joan F. Hansen
JOAN F. HANSEN

SUBSCRIBED AND SWORN TO before me

this 27th day of February, 1979
Signature Grace P. Quincey
GRACE P. QUINCEY



Name (Typed or Printed)
Notary Public - State of Nevada
CLARK COUNTY
Grace P. Quincey
My Commission Expires Aug. 11, 1980

(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name JOAN F. HANSEN
Street Address P. O. Box 53
Panaca, Nevada 89042
City & State

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 63788
FILED AND RECEIVED AT REQUEST OF
Joan F. Hansen
March 5, 1979
AT 11 MINUTES PAST 2 O'CLOCK
P. M. IN BOOK 29 OF OFFICIAL
RECORDS, PAGE 151 LINCOLN
COUNTY, NEVADA.

s/ Yuriko Setzer

by Yuriko Setzer

BOOK

PAGE 151

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89106

STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 4928

| | | |
|-----|--|---|
| 302 | LOCAL FILE NUMBER | STATE FILE NUMBER |
| 1 | DECEASED - NAME (First, Middle, Last) Clarence Lester HANSEN | DATE OF DEATH (Month, Day, Year) Aug 22, 1978 |
| 2 | CITY, TOWN, OR LOCATION OF DEATH Las Vegas | COUNTY OF DEATH Clark |
| 3 | HOSPITAL OR OTHER INSTITUTION - Name (If not in center, give street and number) 2334 Glenwood Lane | IF NEAR OR IN FEDERAL GOVT. OF LETTERS, etc. (Specify) |
| 4a | RACE - (reg. White, Black, American Indian, etc.) (Specify) White | ETHNIC Danish - English |
| 5a | AGE - Last Birthday (Years) 58 | UNDER 1 YEAR WEEKS : DAYS |
| 5b | UNDER 1 DAY HOURS : MINS | DATE OF BIRTH (Mo., Day, Yr.) Feb 10, 1920 |
| 6 | STATE OF BIRTH (If not U.S.A., name country) Nevada | CITIZEN OF WHAT COUNTRY U.S.A. |
| 7 | SOCIAL SECURITY NUMBER [REDACTED] | MARRIED (Never, Divorced, Widowed, Separated) Married |
| 8 | USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) Operating Engineer | SUPVISING SPOUSE (If wife, give maiden name) Joan Forsyth |
| 9 | RESIDENCE - STATE Nevada | CITY, TOWN, OR LOCATION Las Vegas |
| 10 | FATHER - NAME (First, Middle, Last) Charles Christian Hansen | MOTHER - MAIDEN NAME (First, Middle, Last) Emma Kingsland |
| 11 | INFORMANT - NAME (Type or Print) Joan Hansen - Wife | MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) P.O. Box 53 Panaca Nevada 89042 |
| 12 | BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal | CEMETERY OR CREMATORY - NAME Panaca City Cemetery |
| 13 | FUNERAL DIRECTOR - SIGNATURE (For Person Acting as Such) [Signature] | NAME AND ADDRESS OF FACILITY Palm Mortuary 1325 N. Main St. Las Vegas, Nevada 89101 |
| 14 | 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. [Signature] Norman Venger DATE SIGNED (Mo., Day, Yr.) AUG. 24 1978 | 21c HOUR OF DEATH 12:20 |
| 15 | 21b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Norman Venger | 21d |
| 16 | 22a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. [Signature] | DATE SIGNED (Mo., Day, Yr.) [Signature] |
| 17 | 22b PRONOUNCED DEAD (Mo., Day, Yr.) | 22c PRONOUNCED DEAD (Hour) |
| 18 | 22d ON | 22e AT |
| 19 | 23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) Norman Venger, M.D. 3196 So. Maryland Parkway, Las Vegas, Nv 89109 | DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) AUG 23 1978 |
| 20 | 24a (Signature) [Signature] | 24b |
| 21 | 25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) CHRONIC CONGESTIVE HEART FAILURE, COR. PULMONALE, EMPHYSEMA & (b) CHRONIC BRONCHITIS, ATRIAL FIBRILLATION, TRICUSPID INSUFFICIENCY; (c) PULMONARY HYPERTENSION [ALL OPERATIVE AND CONTRIBUTING TO DEATH] | Interval between onset and death YEARS YEARS YEARS |
| 22 | 26 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) SECONDARY POLYCYTHEMIA | 27 |
| 23 | 28a ACC. SOURCE, HOW, UNCL. OR FURTHER INVEST. (Specify) | 28b DATE OF INJURY (Mo., Day, Yr.) |
| 24 | 28c HOUR OF INJURY | 28d DESCRIBE HOW INJURY OCCURRED |
| 25 | 28e PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) | 28f LOCATION |
| 26 | 28g STREET OR R.F.D. NO. | 28h CITY OR TOWN |
| 27 | 28i STATE | |

Nº 005158

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 the Clark County Health District from State certified documents authorized by the State Board of Health pursuant to NRS 440.175.

Date Issued: AUG 25 1978

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

BOOK 29 PAGE 152