

# Affidavit—Death of Joint Tenant

TO 8038, NY (10-67)

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 June 28, 1973, executed by Emma L. Hansen to Clarence L. Hansen and Joan F. Hansen, husband and wife, as joint tenants, recorded as Instrument No. 53068, on June 28, 1973, in book 7, page 526, 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 One (1) in Block numbered Forth-Seven (47) in said town of Panaca, as said lot and block are delineated on the official plat of said town now on file in the office of the County Recorder of said Lincoln County, and to which said plat and the records thereof reference is hereby made for further particular 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 27<sup>th</sup> day of February, 1979.  
Signature Grace P. Quincey  
Grace P. Quincey



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

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 63787  
FILED AND RECORDED AT REQUEST OF  
Joan F. Hansen  
March 5, 1979  
AT 31 MINUTES PAST 2 O'CLOCK  
2 P.M. IN BOOK 29 OF OFFICIAL  
RECORDS, PAGE 153 LINCOLN  
COUNTY, NEVADA.

Yuriko Setzer  
CLERK RECORDER  
by Marlyn Hansen  
Deputy

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

LOCAL FILE NUMBER: \_\_\_\_\_ STATE FILE NUMBER: \_\_\_\_\_

DECEASED - NAME: **Clarence Lester HANSEN** DATE OF DEATH (Month, Day, Year): **Aug 22, 1978** COUNTY OF DEATH: **Clark**

CITY, TOWN, OR LOCATION OF DEATH: **Las Vegas** HOSPITAL OR OTHER INSTITUTION - Name (if not in other give street and number): **2334 Glenwood Lane**

1a RACE - (e.g. White, Black, American Indian, etc.) (Specify): **White** 4a ETHNIC: **Danish-English** AGE - LAST BIRTHDAY (Month, Day, Year): **58** UNDER 1 YEAR: \_\_\_\_\_ UNDER 1 DAY: \_\_\_\_\_ DATE OF BIRTH (Month, Day, Year): **Feb 10, 1920** SEX: **Male**

7 STATE OF BIRTH (If not U.S.A., name country): **Nevada** 8 CITIZEN OF WHAT COUNTRY: **U.S.A.** 9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married** 11 SURVIVING SPOUSE (If wife, give maiden name): **Joan Forsyth** 12 WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify YES/NO): **NO**

13 SOCIAL SECURITY NUMBER: \_\_\_\_\_ 14a USUAL OCCUPATION (Give kind of work done during most of Working Life. Even if Retired): **Operating Engineer** 14b KIND OF BUSINESS OR INDUSTRY: **Construction**

15a RESIDENCE - STATE: **Nevada** 15b COUNTY: **Clark** 15c CITY, TOWN, OR LOCATION: **Las Vegas** 15d STREET AND NUMBER: **2334 Glenwood Lane** 15e RESIDE CITY LIMITS (Specify Yes or No): **NO**

16 FATHER - NAME (First, Middle, Last): **Charles Christian Hansen** 17 MOTHER - MAIDEN NAME (First, Middle, Last): **Emma Kingsland**

18a INFORMANT - NAME (Type or Print): **Joan Hansen - Wife** 18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): **P.O. Box 53 Panaca Nevada 89042**

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): **Removal** 19b CEMETERY OR CALVATORY - NAME: **Panaca City Cemetery** 19c LOCATION (City or Town, State): **Panaca Nevada**

20a FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such): **Don DeLo** 20b NAME AND ADDRESS OF FACILITY: **Palm Mortuary 1325 N. Main St. Las Vegas, Nevada 89101**

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title): **Norman B. [Signature]** DATE SIGNED (Month, Day, Year): **AUG. 24 1978** HOUR OF DEATH: **12:20** 21c 21d NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print): \_\_\_\_\_

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 and Title): \_\_\_\_\_ DATE SIGNED (Month, Day, Year): \_\_\_\_\_ HOUR OF DEATH: \_\_\_\_\_ 22b 22c 22d 22e 22f 22g 22h

23 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CHONER) (Type or Print): **Norman Venger, M.D. 3196 So. Maryland Parkway, Las Vegas, Nv 89109**

24a REGISTRAR (Signature): **Wanda Turpin, Registrar** 24b DATE RECEIVED BY REGISTRAR (Month, Day, Year): **AUG 23 1978**

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))

(a) **CHRONIC CONGESTIVE HEART FAILURE, COR. PULMONALE, EMPHYSEMA & CHRONIC BRONCHITIS, ATRIAL FIBRILLATION, TRICUSPID INSUFFICIENCY.** Interval between onset and death: **YEARS**

(b) **PULMONARY HYPERTENSION [ALL OPERATIVE AND CONTRIBUTING TO DEATH]** Interval between onset and death: **YEARS**

(c) **SECONDARY POLYCYTHEMIA.** Interval between onset and death: **YEARS**

26 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death, but not listed as cause given in PART 1 (a): \_\_\_\_\_ AUTOPSY (Specify Yes or No): **NO** 27 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No): **YES**

28a ALL SINGLE HULL UNLIFT OR PENALTY INVEST (Specify Yes or No): \_\_\_\_\_ 28b DATE OF INJURY (Month, Day, Year): \_\_\_\_\_ 28c HOUR OF INJURY: \_\_\_\_\_ 28d DESCRIBE HOW INJURY OCCURRED: \_\_\_\_\_ 28e 28f 28g 28h

29a INJURY AT WORK (Specify Yes or No): \_\_\_\_\_ 29b PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): \_\_\_\_\_ 29c LOCATION: \_\_\_\_\_ 29d STREET OR R.F.D. NO.: \_\_\_\_\_ 29e CITY OR TOWN: \_\_\_\_\_ 29f STATE: \_\_\_\_\_

Nº 00515

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

By: **Wanda Turpin** 29 PAGE 154