

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

Kenneth R. Olinghouse, first being duly sworn, deposes and says;
tenant

1. That he is the surviving spouse of Alice L. Olinghouse who died on Dec. 10 1977, at Caliente, Nevada.

2. That at the time of death of the decedent, affiant and decedent owned as Joint Tenants property in ~~XXXXXXXXXXXX~~ described as follows:

Lots two (2), three (3) and four (4), Block thirty eight (38) excepting there from the rear or Northerly Eighteen feet of lot 4 (4) in Block 38, being a strip of land Eighteen Feet by Sixty Feet of the back part of said Lot, as the said lots appear on the official map of said town of Piche, on file in the office of the County Recorder of Lincoln County, Nevada

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 sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Dated

Kenneth R. Olinghouse
Affiant

Subscribed and sworn to before me

this 23 day of July, 1979.

[Signature]
Notary Public & Clerk of Court
of the Seventh Judicial District
County of the State of Nevada, in
and for the County of Lincoln

For Recorder's Use only

64702

No. FILED AND RECORDED AT REQUEST OF
KENNETH OLINGHOUSE
JULY 23, 1979
AT 20 MINUTES PAST 13 O'CLOCK
P.M IN BOOK 30 OF OFFICIAL
RECORDS, PAGE 615 LINCOLN
COUNTY, NEVADA.

[Signature]
COUNTY RECORDER

STATE OF NEVADA
DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH
CAPITOL COMPLEX
SECTION OF VITAL STATISTICS
CARSON CITY, NEVADA 89710

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

TYPE OR PRINT IN
PERMANENT INK
SEE BACKSIDE FOR
INSTRUCTIONS

DECEASED

1 DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF BIRTH MONTH, DAY, YEAR
Alice Lucille Olinghouse Fem. Dec. 10, 1977

2 RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY YEARS MONTHS DATES HOURS MIN. DATE OF BIRTH MONTH, DAY, YEAR COUNTY OF DEATH
White 77 12 13 1900 Lincoln

3 CITY, TOWN, OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Caliente Lincoln County Hospital

4 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE NAME)
Utah U.S.A. Widowed N/A

5 SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF IN A BUSINESS, INDUSTRY, OR SERVICE)
[REDACTED] Home Maker Own Home

6 RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION HOME CITY LIMITS STREET AND NUMBER (SPECIALTY OF NO.)
Nevada Lincoln Pioche Yes 9 Highland St.

7 PARENTS
8 FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
Oliver Cerdarstrom Christine Rasmisser

9 INFORMANT—NAME MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP)
Kenneth Ralph Olinghouse 990 West 600 So. Orem, Utah 84057

PART I DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) AFFORDS CLUE BETWEEN CAUSE AND

(a) 410.9 Acute Myocardial Infarction

(b) (c)

CAUSE

PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (SEE INSTRUCTIONS)

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY MONTH, DAY, YEAR HOUR HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I ON PART II, ITEM 1)

(INJURY AT WORK (SPECIFY ITS OR AND) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR P.O. NO., CITY OR TOWN, STATE)

CERTIFICATION—PHYSICIAN (IF ATTENDED) RECALLED FROM MONTH DAY YEAR AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR DID/DID NOT VIEW THE BODY AFTER DEATH. DATE SIGNATURE MONTH DAY YEAR
12-10-77 12/10/77 Did 8:45P

CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION IN HIS/HER OFFICE, DEATH OCCURRED ON THE DATE AND IN THE MANNER STATED. HOUR OF DEATH THE DECEASED WAS PROHOUNDED BY
12/10/77

CERTIFIER

CERTIFIER—NAME WITH OR WITHOUT TITLE SIGNATURE DATE SIGNED MONTH, DAY, YEAR
Robert G. Boles M.D. 12/13/77

MAILING ADDRESS—CERTIFIER STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP
P. O. Box 38 Caliente, Nevada 89008

BURIAL, CREMATION, REMOVAL (SPECIFY) QUANTITY OF CREMATORIAL—NAME LOCATION
Burial I.O.O.F. Cemetery Pioche Nevada

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE)
Dec. 12/77 Lincoln County Mortuary Box 236 Caliente, Nevada

FUNERAL DIRECTOR—SIGNATURE REGISTER—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR
[Signature] [Signature] Dec. 16, 1977

BURIAL



HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.
Date Issued: DEC 16 1977
NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA DIVISION OF HEALTH
JACK HOMEYER
Biostatistician
Chief, Section of Vital Statistics