

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) SS.
COUNTY OF LINCOLN)

I, Lee M. Jensen, first being duly sworn, deposes and says;

1. That he is the surviving spouse of Elizabeth K. Jensen who died on May 14, 1980, at Las Vegas, Nevada.

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

All of lot Eight (8) in Ursine (Also known as Eagle Valley) which said lot is further located as being in the West half of the Southeast quarter (W/4SE1/4) of Section 35, Township 2 North, Range 69 East, M.D.B.&M., Lincoln County, Nevada

Together with all improvements situate thereon and all water and water rights appertaining thereto.

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 Statutes 40.470 (5).

Dated May 21, 1980

Lee M. Jensen
Affiant

Subscribed and sworn to before me

this 21st day of May 1980.

Daniel A. Dills
Notary Public



For Recorder's Use only

Lee M. Jensen

No. 68586

FILED AND RECORDED AT REQUEST OF

LEE M. JENSEN

MAY 21, 1980

AT 20 MINUTES PAST 2 O'CLOCK

2 P.M. IN BOOK 37 OF OFFICIAL

RECORDS, PAGE 354 LINCOLN

COUNTY, NEVADA.

YURIKO SEBASTIAN

YuriKO Sebastian
Recorder

BOOK 37 PAGE 354

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

1208 DIVISION OF HEALTH - SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH 1980

DECEASED - NAME Elizabeth K. Jensen
LOCAL FILE NUMBER 1208
DATE OF DEATH (Month, Day, Year) May 14, 1980
STATE FILE NUMBER
COUNTY OF DEATH Clark

CITY, TOWN, OR LOCATION OF DEATH Las Vegas
HOSPITAL OR OTHER INSTITUTION - Name (If not in the first three lines and number) Sunrise Hospital
Inpatient

RACE - White, Black, American Indian, etc. (Specify) White
ETHNIC American
AGE 73
SEX Female
DATE OF BIRTH (Month, Day, Year) Sept. 6 1906

CITIZEN OF WHAT COUNTRY U.S.A.
MARRIED (Specify) Married
SPOUSE (Last name) Lee M. Jensen
WAS HELD IN CUSTODY BY U.S. ARMED FORCES (Specify Yes or No) no

RESIDENCE - STATE Nevada
COUNTY Lincoln
CITY, TOWN OR LOCATION Pioche
STREET AND NUMBER
KIND OF BUSINESS OR OCCUPATION Homemaker
MOTHER-IN-LAW'S NAME Mabel

FATHER - NAME Lee M. Jensen
MARRIAGE RECORDS (Specify or R.F.D. No., City or Town, State, Zip) SR89063 Box 215 Pioche, Nevada 89043

BURIAL - CEMETERY OR CREMATION (Specify) Pioche Masonic Cemetery
LOCATION Pioche Nevada
FUNERAL DIRECTOR - SIGNATURE (If not in the first three lines) David S. Bunker
NAME AND ADDRESS OF FACILITY Bunker Mortuary 925 L.V. Blvd. Las Vegas Nevada

218 To the best of my knowledge and belief, the death was due to the cause stated (Signature and Title) Russell Miller M.D.
DATE SIGNED (Month, Day, Year) 5-15-80
HOUR OF DEATH 9:15 pm
220 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.
DATE SIGNED (Month, Day, Year)
HOUR OF DEATH
220a PREPARED BY (Specify)
220b PREPARED BY (Specify)
220c PREPARED BY (Specify)
220d AT

223 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (If not in Part I) Russell Miller, M.D., 3196 S. Maryland Pky., Las Vegas, Nv 89109
DATE RECEIVED BY REGISTRAR (Month, Day, Year) MAY 15 1980

224 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR PART I AND II) Post self-throttling, Rupture of aorta, infection for Cerebral abscess & meningitis
DUE TO, OR AS A CONSEQUENCE OF
225 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I (II)
AUTOPSY NO (Specify Yes or No) NO
WAS EXAMINED BY MEDICAL EXAMINER OR CORONER (Specify Yes or No) NO

226a SURFACE TUMOR (Specify)
226b DATE OF INQUIRY (Month, Day, Year)
226c HOUR OF INQUIRY
226d DESCRIBE HOW INQUIRY OCCURRED
226e PLACE OF INQUIRY - At home, farm, street, factory, office, building (Specify)
226f LOCATION
226g STREET OR R.F.D. No.
226h CITY OR TOWN
226i STATE

No 1528

"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 as authorized by the State Board of Health pursuant to NRS 440.175.

Date Issued: MAY 16 1980

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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: [Signature] 27, PAGE 355