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AFFIDAVIT FOR TERMINATION OF JOINT TENANCY

STATE OF NEVADA)
) ss
COUNTY OF LINCOLN)

DOROTHY M. RAY, being first duly sworn, deposed and says:

I.

That she is the surviving wife of LEONARD CLARK RAY, who died on July 19, 1979, Las Vegas, Nevada.

II.

That at the time of the death of the Decedent, Affiant and Decedent owned property in joint tenancy described as follows:

All of that certain real property situate in the County of Lincoln, State of Nevada, more particularly described as follows:

Lots two (2) and two-A (2A) and the adjoining southerly ninety-two (92) feet of Lot three (3) in Block 42, Thos. E. Dixon Addition to Caliente, Nevada

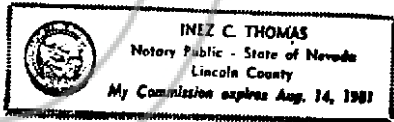
III.

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

Dorothy M. Ray
DOROTHY M. RAY

Subscribed and Sworn to before me this 17 day of June, 1980.

Inez C. Thomas
NOTARY PUBLIC



No. 68747
FILED AND RECORDED AT REQUEST OF
DOROTHY M. RAY
JUNE 17, 1980
AT 5 MINUTES PAST 1 O'CLOCK
P.M. IN BOOK 37 OF OFFICIAL
RECORDS, PAGE 547 LINCOLN
COUNTY, NEVADA.

COUNTY RECORDER
Karen Herndon, Deputy

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

LOCAL FILE NUMBER: **1692** STATE FILE NUMBER: **10022**

DECLASED—NAME: **Leonard Clark RAY** DATE OF DEATH: **July 19, 1979** COUNTY OF DEATH: **Clark**

CITY, TOWN, OR LOCATION OF DEATH: **Las Vegas** HOSPITAL OR OTHER INSTITUTION: **Desert Springs Hospital** INPATIENT

RACE: **White** ETHNIC: **White** AGE—Last Birthday: **71** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** DATE OF BIRTH: **June 13, 1908** SEX: **Male**

STATE OF BIRTH: **Utah** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, OR **MARRIED** SURVIVING SPOUSE: **Dorothy Woodworth** WAS DECEDENT EVER IN U.S. ARMED FORCES: **NO**

SOCIAL SECURITY NUMBER: **[REDACTED]** USUAL OCCUPATION: **Bridge & Building Foreman** KIND OF BUSINESS OR INDUSTRY: **Railroad**

RESIDENCE—STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN, OR LOCATION: **Caliente** STREET AND NUMBER: **[REDACTED]** INSIDE CITY LIMITS: **YES**

FATHER—NAME: **Alta Clark** MOTHER—MAIDEN NAME: **Mary Amanda Jorgensen**

INFORMANT—NAME: **Dorothy Ray - Wife** MAILING ADDRESS: **P.O. Box 192 Caliente Nevada 89008**

BURIAL, CREMATION, REMOVAL, OTHER: **Removal** CEMETERY OR CREMATORY: **Caliente City Cemetery** LOCATION: **Caliente Nevada**

FUNERAL DIRECTOR: **[REDACTED]** NAME AND ADDRESS OF FACILITY: **Palm Mortuary 1325 N. Main St. Las Vegas Nev. 89101**

21a. To the best of my knowledge and belief, death occurred at the time, date and place and due to the cause(s) stated.
 Signature and Title: **Nawaz A. Qureshi**
 DATE SIGNED: **7/20/79** HOUR OF DEATH: **8:35 A.M.**
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **[REDACTED]**

22a. On the basis of observation and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.
 Signature and Title: **[REDACTED]**
 DATE SIGNED: **[REDACTED]** HOUR OF DEATH: **[REDACTED]**
 22b. PRONOUNCED DEAD (Yes or No): **NO** 22c. AT: **[REDACTED]**

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER): **Nawaz A. Qureshi M.D. 4230 Burnham Las Vegas Nevada**

REGISTRAR: **Wanda Surpin, Deputy** DATE RECEIVED BY REGISTRAR: **JUL 20 1979**

24a. IMMEDIATE CAUSE: **Sepsis Pneumonia**

PART I
 (a) DUE TO, OR AS A CONSEQUENCE OF: **Diabetic mellitus C.V.A. with**

(b) **(R) hemiplegia**

PART II
 OTHER SIGNIFICANT CONDITIONS—Conditions of a nature to be stated but not related to causes given in PART I (a): **[REDACTED]**

25a. ACC. SURVIVE HOW LONG? **[REDACTED]** DATE OF INJURY: **[REDACTED]** HOUR OF INJURY: **[REDACTED]** DESCRIBE HOW INJURY OCCURRED: **[REDACTED]**

25b. INJURY AT WORK? **[REDACTED]** PLACE OF INJURY: **[REDACTED]** LOCATION: **[REDACTED]** STREET OR R.F.D. No.: **[REDACTED]** CITY OR TOWN: **[REDACTED]** STATE: **[REDACTED]**

No: 012257

"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 NR5 440 175.

Date Issued: **JUL 30 1979**

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

OTTO RAVENHOLT, M.D.
 Registrar of Vital Statistics

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