

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

FRANK M. SCOTT, first being duly sworn, deposes and says:

1. That he is the surviving spouse of FAWN L. SCOTT who died on July 4, 1980, at Caliente, Nevada
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:
See Exhibit "A" attached hereto.

3. That proof of death is affixed hereto as Exhibit "B" 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).

Frank M. Scott
Affiant

Subscribed and sworn to before me
this 15th day of October 1980.

Ralph L. Denton
Notary Public

 Notary Public - State of Nevada
CLARK COUNTY
Ralph L. Denton
My Appointment Expires May 20, 1983

No. 70079
FILED AND RECORDED AT REQUEST OF
Frank M. Scott
October 17, 1980
AT 35 MINUTES PAST 2 O'CLOCK
P.M. IN BOOK 40 OF OFFICIAL
RECORDS, PAGE 156 LINCOLN
COUNTY, NEVADA.
YURIKO SETZER
COUNTY RECORDER
By Lillian B. Kelley
Deputy

Lincoln County

EXHIBIT "A"

Parcel 1:

All that certain property lying, situate and being in the County of Lincoln, State of Nevada, more particularly described as follows, to wit:

All of Lot No. One (1) in Block No. Two (2), Official Plat of Caliente, Nevada, together with cabins Nos. One (1), Two (2) and Three (3) facing Market Street and two un-numbered cabins situated on the West side of said lot, and also any improvements of any kind which may hereafter be placed on said lot.

TOGETHER with the tenements, hereditaments, and appurtenances thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Parcel 2:

An undivided one-tenth (1/10) interest in and to that certain parcel of real property situate, lying and being in the County of Lincoln, State of Nevada, and more particularly described as follows, to wit:

Township 1 North, Range 69 East, M.D.B. & M.

Section 31: The SE 1/4 of the NW 1/4 and All of the SW 1/4 of the NE 1/4, lying west and north of the center of the Flood Channel as presently exists across the said SW 1/4 NE 1/4, containing approximately 24 acres, more or less.

EXCEPTING THEREFROM the right of way for State Highway and Easement for Power line of Lincoln County Power District No. 1.

STATE OF NEVADA

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

DECLASSED NAME	SEX	DOB	DATE OF BIRTH (Month Day Year)	COUNTY OF DEATH
Fawn Lee McCarty SCOTT	Female	Jan. 30, 1915	July 4, 1980	Lincoln
CITY TOWN OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION	RESIDENCE (Street and Number)		
Caliente	Residence - Cor. of Market & Main St	Caliente		
RACE - (If White, Black, American Indian or Alaskan)	HAIR - (List)	AGE - (List)	DATE OF BIRTH (Month Day Year)	SEX
White	American	65	Jan. 30, 1915	Female
STATE OF BIRTH (If not U.S.A., name country)	CITIZEN OR NATIVITY	MARRIED (With maiden name)	WIDOWED (Name)	WAS DEPENDENT UPON U.S. ARMS SERVICES? (Specify Yes or No)
Nevada	U. S. A.	Married	Frank N. Scott	No
SOCIAL SECURITY NUMBER	U.S. OCCUPATION (Give kind and how long done during year of issuing this cert.)	INDUSTRY OF BUSINESS OR INDUSTRY		
	Homemaker	Own Home		
RESIDENCE - STATE	COUNTY	CITY TOWN OR LOCATION	STREET AND NUMBER	PO BOX CITY STATE (Specify Yes or No)
Nevada	Lincoln	Caliente	Main & Market St	Yes
FATHER - NAME	Mother	Law	MOTHER - MAIDEN NAME	Law
Levin	Angus	Lee	Leah	Keele
PREVIOUS - NAME (If more than one)	MAILING ADDRESS	CITY OF TOWN STATE ZIP		
Frank M. Scott	P. O. Box 117 Caliente, Nevada 89008			
BURIAL - (Cremation, Reburial, Other, Specify)	CHURCH OR CEMETERY - NAME	CITY OR TOWN	STATE	
Burial	Conaway Memorial Park	Caliente	Nevada	
TEMPERARY HOME (Name and address of facility)	NAME AND ADDRESS OF FACILITY			
	Lincoln County Mortuary Box 236 Caliente, Nevada			
21a. To the best of my knowledge death occurred at the time, date and place and due to the cause stated (Signature and Title)	21b. DATE SIGNED (Month Day Year)	21c. HOUR OF DEATH	21d. SIGNATURE AND TITLE	21e. HOUR OF DEATH
			R. F. Zimmerman	Approx 11:00 P.M.
21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If none, write None)	21g. PHONOUNCED DEAD (Month Day Year)	21h. PHONOUNCED DEAD (Hour)	21i. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Coroner) (If none, write None)	
	July 4, 80	11:15 P.M.	R. F. Zimmerman Dep. Coroner P.O. Box 52 Pioche, Nevada	
22. SIGNATURE	DATE RECEIVED BY REGISTRAR (Month Day Year)	23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		
Valerie Chouquer, Deputy	July 6, 1980	Cardio-Pulmonary Arrest		
24. (a) DUE TO (OR AS A CONSEQUENCE OF)	(b) DUE TO (OR AS A CONSEQUENCE OF)	(c) OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not stated as cause given in Part 23)	26. AUTOPSY (Specify Yes or No)	27. WAS THIS NECESSARILY MEDICAL EXAMINATION UNDER THE P.C. (Specify Yes or No)
			No	Yes
28. DATE OF INJURY (Month Day Year)	29. HOUR OF INJURY	30. ORIGIN OF INJURY (If determined)	31. PLACE OF INJURY (As to the town, street, factory, mine, quarry, etc. (Specify))	32. STREET OR R.F.D. No

Nº 18659



WARNING: THIS IS A REAL IDENTITY COPY OF THIS DOCUMENT

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