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AFFIDAVIT TERMINATING JOINT TENANCY

STATE OF NEVADA, )  
                          ) ss.  
COUNTY OF LINCOLN )

WALDINE SORENSEN, being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters herein stated.

That affiant is WALDINE SORENSEN the person named as WALDINE SORENSEN, one of the grantees in that certain deed recorded October 1, 1962, as Document No. 39809 in Book M-1, page 48 of Real Estate Deeds in the Office of the County Recorder of Lincoln County, State of Nevada, described as:

That portion of Section 1, Township 6 South, Range 60 East, M. D. B. & M., described as follows:

Commencing at the Northeast corner of said Section 1; thence South along the East line thereof a distance of 1210 feet to the true point of beginning; thence continuing South a distance of 400 feet to the Southeast corner of that certain parcel of land conveyed by J. A. Hail et al to Orlando E. Dimick et ux by deed dated August 22, 1944; thence Westerly along the South line of the said conveyed parcel a distance of 300 feet more or less to a point on the East line of U. S. Highway No. 93; thence Northerly along the last-mentioned East line a distance of 300 feet to a point; thence Northeasterly along a straight line to the true point of beginning.

SUBJECT TO:

- 1. Taxes for the fiscal year 1962-63 and all subsequent years, and any assessments of record.
- 2. Reservations, restrictions, easements, rights of way and conditions of record.

That affiant WALDINE SORENSEN the person named as WALDINE SORENSEN, one of the grantees in that certain deed recorded September 5, 1969, as Document No. 48255 in Book N-1, page 443 of Real Estate Deeds in the Office of the County Recorder of Lincoln County, State of Nevada, described as:

Commencing at the Southwest corner of Lot 3 in Block 57 within Alamo Townsite, and running thence North 161 feet; thence East 66 feet; thence South 161 feet; thence West 66 feet to the point of beginning, being a parcel of land in Lot 3, Block 57, Alamo Townsite, County of Lincoln, State of Nevada, 66 feet wide (East and West) and 161 feet long (North

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Lincoln County

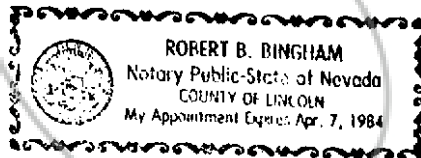
1 and South) in said Townsite of Alamo, County of Lincoln,  
2 State of Nevada, together with any and all improvements  
3 thereon consisting of a dwelling house and other  
4 improvements; as said parcel of land is delineated and  
5 described on the official Plat (Plat "A") of Alamo Townsite  
6 which said map is now on file and of record in the office of  
7 the County Recorder of Lincoln County, Nevada, to which said  
8 plat and the records on file, reference is hereby made for a  
9 more full and complete description.

10 That HAROLD A. SORENSEN was one of the grantees named in  
11 said deed and was the identical person named as HAROLD A.  
12 SORENSEN the decedant, in the certain Death Certificate, cer-  
13 tified copy which is annexed hereto and made a part hereof.

14 *Waldine Sorensen*  
15 WALDINE SORENSEN

16 STATE OF NEVADA )  
17 ) ss.  
18 COUNTY OF LINCOLN )

19 On this 15<sup>th</sup> day of October, 1981 personally appeared  
20 before me, a Notary Public in and for said Lincoln County,  
21 WALDINE SORENSEN known to me to be the person described in and  
22 who executed the foregoing instrument, who acknowledged to me  
23 that she executed the same freely and voluntarily and for the  
24 uses and purposes therein mentioned.  
25 WITNESS my hand and official seal.



26 *Robert B. Bingham*  
27 NOTARY PUBLIC

28 No. 73832  
29 FILED AND RECORDED AT REQUEST OF  
30 *Jeha McGimsey*  
31 OCT. 22, 1981  
32 AT 45 DASHES P.M. 9 O'CLOCK  
A.M. IN ROOM 47 OF OFFICIAL  
RECORDS DEPT. 104 LINCOLN  
COUNTY, NEVADA

*Karen Herndon*  
COUNTY RECORDER

STATE OF UTAH  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DIVISION OF HEALTH

STATE PAY

Classified as  
under the Utah  
Practices Act

11-21  
LOCAL FILE NUMBER

1. NAME OF DECEASED FIRST MIDDLE LAST <b>Harold Archie Sorensen</b>		2. SEX <b>Male</b>	3. RACE (White, Black, Am. Indian, etc.) <b>White</b>	4. DATE OF DEATH (Mo., Day, Year) <b>March 19, 1981</b>
5. WAS DECEASED OF SPANISH ORIGIN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other (of race, specify)		6. DATE OF BIRTH (Mo., Day, Year) <b>Oct. 26, 1910</b>	7. AGE (Last Birthday) <b>70</b>	8. IF UNDER 1 year Months Days Hours <b>0 0 0</b>
9. BIRTHPLACE (State or foreign country) <b>Roosevelt, Utah</b>		10. CITIZENSHIP (Country) <b>U.S.A.</b>	11. EDUCATION (Specify only highest grade completed) <b>12</b>	12. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>
13a. USUAL OCCUPATION (Last kind of work done during most of working life, even if retired) <b>Rancher</b>		13b. KIND OF BUSINESS OR INDUSTRY	14. NAME OF SURVIVING SPOUSE (If wife, state maiden name) <b>Ponsy Waldine Evans</b>	
15a. NAME OF FATHER <b>Christian Sorensen</b>		15b. NAME OF MOTHER <b>Christina Christensen</b>		16. Was decedent ever in U.S. Armed Forces? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
17a. USUAL RESIDENCE (Street and number or location and zip code) <b>P. O. Box 153</b>		17b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	18. NAME & MAILING ADDRESS OF INFORMANT <b>Waldine Sorensen P. O. Box 153 Alamo, Nevada 89001</b>	
19a. CITY OR TOWN <b>Alamo</b>		19b. COUNTY <b>Lincoln</b>	19c. STATE <b>Nevada</b>	20. CITY OR TOWN <b>Alamo, Nevada 89001</b>
21. NAME OF HOSPITAL, nursing home or other institution where death occurred (If outside an institution, give street address or location) <b>Valley View Medical Center</b>		21a. In private home <input type="checkbox"/> In hospital <input checked="" type="checkbox"/> In nursing home <input type="checkbox"/> In other institution <input type="checkbox"/>	22. CITY OR TOWN <b>Cedar City</b>	
23. I hereby certify that to the best of my knowledge the death occurred at the date and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. Decedent was pronounced dead at <b>HOUR 1930</b> DATE <b>3/19/81</b>		24. PHYSICIAN'S MEDICAL EXAMINER SIGNATURE <b>Roger F. Williams, M.D.</b>		25. TIME OF DEATH (Mo., Day, Year) <b>1930</b>
26. PHYSICIAN I hereby certify that to the best of my knowledge the death occurred at the date and place stated above from the causes stated below, that I attended the decedent, and I had seen the decedent alive on <b>3/18/81</b> months <b>0</b> day <b>0</b> year <b>0</b>		27. CERTIFIER'S name and title (If not a physician) <b>Roger F. Williams, M.D. - Pathologist</b>		28. DATE SIGNED (Mo., Day, Year) <b>3/20/81</b>
29. If not certified by medical examiner, was death reported to him? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Within the date and hour reported (24 hour clock)		30. CERTIFYING AGENCY <b>Valley View Medical Center</b>		31. UTAH PHYSICIAN LICENSE NUMBER <b>5442</b>
32. HOUR MO. DAY YEAR <b>3-23-81</b>		33. SIGNATURE (Name and Title) <b>Clark Smith</b>		34. FURNERAL HOME (Name, address and license number) <b>Spillsbury &amp; Goff 8185 Cedar City, Utah 84720</b>
35. NAME AND LOCATION OF CEMETERY OR CREMATORY <b>Hiko Cemetery Hiko, Nevada</b>		36. LOCAL REGISTRAR SIGNATURE <b>Raymond G. Gentry</b>		37. DATE ACCEPTED FOR REGISTRATION BY REGISTRAR <b>MAR 23 1981</b>
38. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Enter only one cause, list for 39 & 40) <b>Acute Myocardial Infarction</b>		39. INTERVAL BETWEEN DEATH AND REPORT <b>~ 1/2 hr.</b>		40. FURTHER INFORMATION (Specify cause of death) <b>Longstanding</b>
41. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST <b>Coronary Artery Insufficiency</b>		42. FURTHER INFORMATION (Specify cause of death) <b>Longstanding</b>		43. FURTHER INFORMATION (Specify cause of death) <b>Longstanding</b>
44. PART II OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I <b>remote myocardial scarring - apical mural thrombus</b>		45. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		46. IF YES, was autopsy conducted in determining cause of death? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
47. ADDRESS (Including investigation) Residence <input type="checkbox"/> Home <input type="checkbox"/>		48. DATE OF INQUIRY (Mo., Day, Year)		49. TIME OF INQUIRY (24 Hour Clock)
50. LOCATION OF INQUIRY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN		51. WHERE FROM PLACE OF INQUIRY TO LOCAL RESIDENCE (Item 18)		52. PLACE OF INQUIRY (Specify home, farm, factory, store, office buildings, etc.)
53. DESCRIBE HOW INQUIRY OCCURRED (Include sequence of events which resulted in inquiry, NATURE OF INQUIRY SHOULD BE ENTERED IN ITEM 28)		54. Was laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		55. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
56. Was motor vehicle accident, specify if decedent was driver, passenger or pedestrian <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		57. Was laboratory tests done for drugs or toxic chemicals? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		58. Were laboratory tests done for alcohol? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

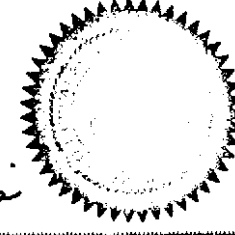
8-15-18 Rev. 1-78

BOOK 47 PAGE 106

SDH-8145 95 (12-79)

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.  
Date Issued: **MAR 23 1981**

COUNTY **SOUTHWEST UTAH DISTRICT HEALTH DEPARTMENT**  
REGISTERED BY **John E. Brockert** DIRECTOR OF VITAL STATISTICS  
**Raymond G. Gentry M.D.** **Barbara Delantia**



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY