

# Affidavit-Death of Joint Tenant

TO 888 BY 12-87

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF LINCOLN

DOROTHY K. CARTER AND DOTTY HULL

of legal age, being first duly sworn, depose and say:  
 That MAY E. CARTER, the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as MAY E. CARTER  
 named as one of the parties in that certain JOINT TENANCY DEED dated FEBRUARY 23, 1971  
 executed by Donald W. ROBERTSON AND MARY HELEN ROBERTSON  
 to MAY E. CARTER, AND DOROTHY KAY CARTER AND DOTTY HULL  
 as joint tenants, recorded as Instrument No. 63775 on MARCH 2, 1979 in  
 book 29, page 128, of Official Records of LINCOLN COUNTY RECORD LINCOLN  
 County, Nevada, covering the following described property situated in the CITY OF CALIENTE  
 County of LINCOLN, State of Nevada:

ALL OF LOT 18 AND THE EAST ON HALF (E $\frac{1}{2}$ ) OF LOT 17 IN BLOCK 16 OF THE  
 ALICE CULVERWELL ADDITION TO THE CITY OF CALIENTE, AS SAID LOTS AND  
 BLOCK ARE SHOWN ON THE OFFICIAL PLAT OF SAID CITY, NOW ON FILE AND  
 OF RECORD IN THE OFFICE OF THE COUNTY RECORDER OF SAID LINCOLN  
 COUNTY, AND TO WHICH SAID PLATE AND THE RECORDS THEREOF REFERENCE  
 IS HEREBY MADE FOR FURTHER PARTICULAR DESCRIPTION. TOGETHER WITH  
 ANY AND ALL BUILDINGS AND IMPROVEMENTS SITUATE THEREON.

That the value of all real and personal property owned by said decedent at date of death, including the full value of  
 the property above described, did not then exceed the sum of \$ \_\_\_\_\_

Dated May 25, 1983 DOTTY HULL x Dotty Hull

SUBSCRIBED AND SWORN TO before me DOROTHY K. CARTER Dorothy K. Carter

this 25<sup>th</sup> day of May

Signature Carol A. Jensen

Name (Typed or Printed)  
07-02-84



(This area for official notarial seal)

Title Order No. \_\_\_\_\_ Escrow or Loan No. \_\_\_\_\_

RECORDING REQUESTED BY \_\_\_\_\_

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDS SHALL BE \_\_\_\_\_

Name  
Address  
City & State

No. 77905  
 FILED AND RECORDED AT REQUEST OF  
JERRY ANN CARTER  
MAY 27, 1983  
 AT 30 MINUTES PAST 2 O'CLOCK  
P M IN BOOK 55 OF OFFICIAL  
 RECORDS, PAGE 295B LINCOLN  
 COUNTY, NEVADA.

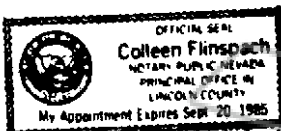
Jessie Nelson  
 COUNTY RECORDER

BOOK 55 PAGE 295B

Lincoln County

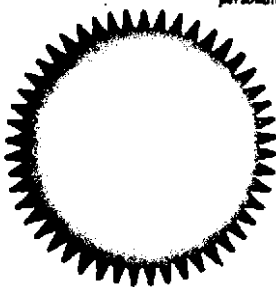
STATE OF NEVADA,

County of Lincoln



On this 27th day of May, 1983

personally appeared before me, Colleen Flinspach, a Notary Public in and for the said County of Lincoln.



Dorothy K. Carter

known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that s/he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at my office in the County of Lincoln, the day and year in this certificate first above written.

Colleen Flinspach

Notary Public in and for the County of Lincoln, State of Nevada.

CARLISLE'S FORM NO. 36 N-ACKNOWLEDGEMENT GENERAL-1-A-33344

My Commission expires September 20, 1985

Lincoln County

STATE OF NEVADA

DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
VITAL STATISTICS

DIVISION OF HEALTH - SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECLARED - NAME (Last, First, Middle) <b>Max Edwin Carter</b>		DATE OF DEATH (Month, Day, Year) <b>Nov. 4, 1979</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Callente</b>		HOSPITAL OR OTHER INSTITUTION (Name, if not in index, give street and number) <b>Lincoln County Hospital</b>	
PLACE - (eg. White, Black, American Indian, etc.) <b>White</b>		AGE - (Last, Middle, First) <b>60</b>	
STATE OF BIRTH <b>Utah</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		MARRIED (Never, Separated, Widowed, Divorced, Married) <b>Married</b>	
RESIDENCE - STATE <b>Nevada</b>		COUNTY <b>Lincoln</b>	
FATHER - NAME (Last, First, Middle) <b>Lynn Carter</b>		MOTHER - MARRIAGE NAME (Last, First, Middle) <b>Laurel Henderson</b>	
MARRIAGE - NAME (Last, First, Middle) <b>Dorothy Kay Carter</b>		MARRIAGE ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 355 Callente, Nevada</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CITY, TOWN, OR LOCATION OF BURIAL <b>Mona Cemetery</b>	
FUNERAL DIRECTOR - (Name, Address, City, State, Zip) <b>[REDACTED]</b>		NAME AND ADDRESS OF FACILITY <b>Lincoln County Mortuary Box 236 Callente, Nevada</b>	
21a. To the best of my knowledge and belief, the cause and place and date of the death were: <b>Cardiomyopathy</b> DATE SIGNED (Mo., Day, Yr.) <b>Nov. 6, 79</b>		21b. SIGNATURE AND TITLE OF REGISTRAR <b>J. Wilkin M.D.</b> DATE SIGNED (Mo., Day, Yr.) <b>Nov. 6, 1979</b>	
21c. HOUR OF DEATH <b>10:45</b>		21d. PREANNOUNCED DEATH (Mo., Day, Yr.) <b>No</b>	
21e. PREANNOUNCED DEATH (Mo., Day, Yr.) <b>No</b>		21f. PREANNOUNCED DEATH (Mo., Day, Yr.) <b>No</b>	
NAME AND ADDRESS OF CENTER OR PHYSICIAN MEDICAL EXAMINER OR CLERK (If not at home) <b>Joseph D. Wilkin M.D. Box 11 Callente, Nevada</b>			
REGISTRAR 24a. (Signature) <b>Maibach Burch Deputy Registrar</b>		DATE SO CERTIFIED BY REGISTRAR (Mo., Day, Yr.) <b>Nov. 6, 1979</b>	
24b. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL CAUSES) <b>Cardiomyopathy affect</b>		Internal or external cause and origin <b>Immediate</b>	
PART I 24c. (Due to OR AS A CONSEQUENCE OF) <b>Metastatic cancer of prostate</b>		Internal or external cause and death <b>&gt; 1 yr.</b>	
PART II 24d. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>No</b>		24e. SIGNATURE AND TITLE OF PHYSICIAN <b>No</b>	
24f. SIGNATURE AND TITLE OF CLERK <b>No</b>		24g. SIGNATURE AND TITLE OF CLERK <b>No</b>	

This is to certify that the above is a true and correct copy of the certificate of **NOV 23 1979**  
Date issued:

*J. H. Can, M.D.*  
STATE REGISTRAR

Nº 002339



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

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