

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
)SS.
COUNTY OF LINCOLN

Dorothy Carter and Jerrylynn Carter, first being duly sworn, deposes and says.

1. That they are the surviving wife and son of Max E. Carter who died on November 4, 1979 at Caliente, Nevada.
2. That at the time of death of the decedent, affiants and decedents owned property in Joint Tenancy described as follows:

That certain lot of land situate in the SW $\frac{1}{4}$ of Section 8, T4S., R67E., MDB&M., described as follows:

Point of beginning being a mark in the top of the curb, or at a point from which the Southwest corner of said Section 8, bears S. 39°15' W., 3037.49 feet, thence S. 58°17' W., 59.50 feet to the Northwest corner, thence S. 31°43' E., 30.00 feet to the Southwest corner of said property, thence N. 58°17' E., 41.58 feet to the Southeast corner of said property, thence N. 06°47' W., 42.00 feet parallel to the West curb of South Spring Street to the Northeast corner of said property at point of beginning.

3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiants claims the above described property as their sole and separate property pursuant to NRS 40.470(5).

Dated 7-7-1984

Dorothy Carter
Dorothy Carter

Jerrylynn Carter
Jerrylynn Carter

Affiants

Subscribed and sworn to before me this 7th day of July, A.D. 1984.

Ronald J. Barnett
Notary Public



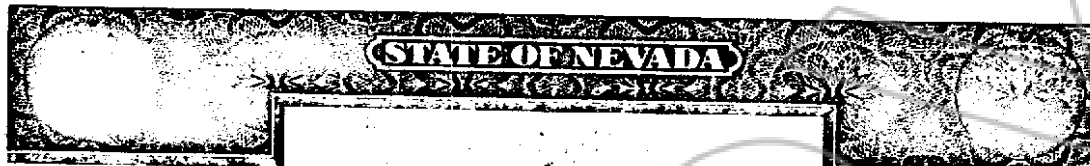
NOTARY PUBLIC
STATE OF NEVADA
County of Lincoln
RONALD J. BARNETT
My Appointment Expires Sept. 1, 1985

No. 80304

FILED AND RECORDED AT REQUEST OF
Dominick Belingheri
July 9, 1984

AT 20 MINUTES PAST 9 O'CLOCK
AM IN BOOK 60 OF OFFICIAL
RECORDS, PAGE 395 LINCOLN
COUNTY, NEVADA.

Dominick Belingheri
COUNTY RECORDER



DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

IDEAL FILE NUMBER _____ STATE FILE NUMBER _____

DECEASED—NAME: **Max Edwin Carter** DATE OF BIRTH (Month, Day, Year): **Nov. 4, 1919** COUNTY OF DEATH: **Lincoln**

CITY, TOWN, OR LOCATION OF DEATH: **Caliente** HOSPITAL OR OTHER INSTITUTION (Name of hospital, clinic, sanitarium, and number): **Lincoln County Hospital** PLACE OF DEATH: **Inpatient**

RACE: **White** SEX: **Male** AGE (Last birthday): **60** DATE OF BIRTH (Month, Day, Year): **Aug 13, 1919**

STATE OF BIRTH: **Utah** U.S. BIRTH: **U.S.** MARRIED OR UNMARRIED: **Married** SURVIVING SPOUSE (Last name, first name, and initials): **Dorothy Kay Carter**

SOCIAL SECURITY NUMBER: _____ OCCUPATION (Specify kind of work, occupation, trade, or profession): **Owner, Dry Cleaner** BUSINESS OR INDUSTRY: **Dry Cleaning**

RESIDENCE—STATE: **Nevada** COUNTY: **Lincoln** CITY, TOWN, OR LOCATION: **Caliente** STREET AND NUMBER: **360 Main St.** NUMBER OF YEARS IN PRESENT RESIDENCE: **Yes**

FATHER—NAME: **Lynn Carter** MOTHER—NAME: **Laurel Henderson**

PREVIOUS NAME (Type or Print): **Dorothy Kay Carter** MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): **P.O. Box 355 Caliente, Nevada**

BURIAL INFORMATION (Other than cremation): **Burial** CEMETERY OR CREMATORY NAME: **Mona Cemetery** LOCATION: **Mona Utah**

TUNERAL DIRECTOR—SIGNATURE: _____ NAME AND ADDRESS OF FACILITY: **Lincoln County Mortuary Box 236 Caliente, Nevada**

21a. To the best of my knowledge and belief, I signed this certificate at the time and place and due to the cause(s) stated.
 (Signature and Title): *J. Wilkin M.D.*
 DATE SIGNED (Mo., Day, Yr.): **Nov. 6, 79** HOUR OF DEATH: **10:45**
 NAME OF ATTENDING PHYSICIAN (If other than listed in Part I, Type or Print): **Joseph D. Wilkin M.D. Box 11 Caliente, Nevada**

21b. 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 (Mo., Day, Yr.): _____ HOUR OF DEATH: _____
 PRE-ANNOUNCED DEAD (Mo., Day, Yr.): _____ PRE-ANNOUNCED DEAD (Hour): _____
 21c. ON _____ AT _____

REGISTRAR: *Marilyn Bauck Deputy Registrar* DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): **Nov. 6, 1979**

25. MAIN CAUSE: **Cardiopulmonary arrest** Interval between onset and death: **Immediate**
 (a) **Metastatic cancer of prostate** Interval between onset and death: **> 1 yr.**

PART II
 OTHER SIGNIFICANT CAUSES: _____ ALLERGY: **No** ANTICOAGULANTS: **No**

26. UNDER THE AGES: _____ DATE OF REPORT (Mo., Day, Yr.): _____ REGISTERED PLACE: _____ FROM THIS DEPARTMENT (Type or Print): _____

27. PLACE OF BIRTH: _____ PLACE OF DEATH: _____ LOCATION: _____ STREET AND NUMBER: _____ CITY OR TOWN: _____ STATE: _____



This is to certify that the contents of the certificate are true and correct.
Date Issued: **NOV 23 1979**

No 002339

WARNING: THIS IS ILLEGAL TO ALTER

019944

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