

Lincoln County

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

BARBARA S. MATHEWS, first being duly sworn, deposes and says;

1. That she is the surviving spouse of Ronald D. Mathews who died on July 20, 1984, at Salt Lake City, Utah.
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

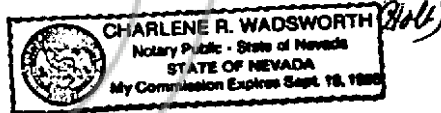
All of Lot Two (2) in Block Sixteen (16) in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements situate thereon, and also together with two (2) shares of the capitol stock of Panaca Irrigation Company.

3. 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).

Barbara S. Mathews
By: *Janet Scheiberg*
Affiant (attorney in fact)

Subscribed and sworn to before me
this 30th day of July, 1984.

Charlene R. Wadsworth
Notary Public



No. 80501
FILED AND RECORDED AT REQUEST OF
Barbara S. Mathews
July 31, 1984
AT 1 MINUTES PAST 9 O'CLOCK
A M IN BOOK 60 OF OFFICIAL
RECORDS, PAGE 681 LINCOLN
COUNTY, NEVADA.

YURIKO SETZER
COUNTY RECORDER
By *Mia Londie*, Deputy

STATE OF UTAH
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 18-2506 CERTIFICATE OF DEATH
STATE OF UTAH - DEPARTMENT OF HEALTH

NAME OF DECEASED: **Ronald Devlin MATHEWS** SEX: **Male** RACE: **White** DATE OF BIRTH: **July 20, 1984**

WAS DECEASED BY SPANISH ORIGIN? YES NO (If yes, indicate type: Puerto Rican Cuban Other (If other, specify:))

DATE OF BIRTH: **November 9, 1930** AGE LAST BIRTHDAY: **53** YEARS

BIRTHPLACE (State or foreign country): **California** CITIZEN OF OTHER COUNTRY: **U.S.A.** EDUCATION: **12** SOCIAL SECURITY NUMBER: **[REDACTED]**

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **Rancher** KIND OF BUSINESS OR INDUSTRY: **Cattle & Sheep** NAME OF SURVIVING SPOUSE (If wife, enter maiden name.): **Barbara Scheiberg**

NAME OF FATHER: **Clyde F. Mathews** MOTHER'S NAME OF MOTHER: **Amy Devlin**

USUAL RESIDENCE - (Street address or location): **P.O. Box 124** CITY OR TOWN: **Panaca** COUNTY: **Lincoln** STATE AND ZIP CODE: **Nevada 89042**

NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT: **Mrs. Barbara Mathews (wife)**
P.O. Box 124
Panaca, Nevada 89042

NAME OF HOSPITAL, NURSING HOME or other institution where death occurred (If outside an institution give street address or location): **L.D.S. Hospital** CITY OR TOWN: **Salt Lake City** COUNTY: **Salt Lake**

MEDICAL EXAMINER: I hereby certify that to the best of my knowledge the death occurred at the time and place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances.

PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: *[Signature]* TIME OF DEATH (24 hr. clock): **0942**

PHYSICIAN: I hereby certify that to the best of my knowledge the death occurred at the time and place stated above from the causes stated above, that I attended the decedent, and I last saw the decedent alive on **July 24, 1984** at **324 10th Ave. Suite #110 84103**

NOT CERTIFIED BY PHYSICIAN: YES NO (If yes, enter the date and hour reported: M.E. Case No. **7/25/84**)

DECEASED'S ADDRESS AND ZIP CODE: **324 10th Ave. Suite #110 84103** FURNERAL HOME - Name, address and licensed number: **Black Hall Spilisbury & Graff, Cedar City, Ut.**

NAME AND LOCATION OF CEMETERY OR CREMATORIUM: **Panaca Cemetery, Panaca, Nevada** LOCAL REGISTRATION SIGNATURE: *[Signature]* DATE OF DEATH: **July 23, 1984**

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (List only one cause for use for a) **Cardiovascular Arrest** (Time between onset and death: **2 minutes**)

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE IMMEDIATE CAUSE LAST. (B) STATING THE IMMEDIATE CAUSE FIRST. (C) STATING THE IMMEDIATE CAUSE LAST. **Septic Shock** (Time between onset and death: **1 week**)

PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I. **Pneumonia** (Time between onset and death: **10 days**)

Accident: Poisoning: Unintentional: Intentional: DATE OF INJURY (Month, Day, Year): _____ TIME OF INJURY (24 Hour Clock): _____

LOCATION OF INJURY - STREET AND NUMBER OR LOCATION AND CITY OR TOWN: _____ PLACE OF INJURY (Specify home, farm, factory, business, street, or building, etc.): _____

DECEASED HOW INJURY OCCURRED (Enter sequence of events which resulted in injury, NATURE OF INJURY SHOULD BE ENTERED IN ITEM 2B) _____

SDH-BHS 9016-31 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 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **JUL 25 1984**

County: **SALT LAKE**

Registrar: *[Signature]* By: *[Signature]*

John E. Brockert
DIRECTOR OF VITAL STATISTICS



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.