

Affidavit—Death of Joint Tenant

TO 5026 NV (1-84)

THIS FORM FURNISHED BY TICOR TITLE INSURANCE

STATE OF NEVADA

County of Lincoln } ss.

Grace M. Price of legal age, being first duly sworn, deposes and says:
That Wilford W. Christensen the decedent mentioned in the attached certified
copy of Certificate of Death, is the same person as Wilford W. Christensen
named as one of the parties in that certain Deed
dated May 15, 1939, executed by Thos E. Dixon

to Wilford Christensen
as joint tenants, recorded as Instrument No. _____, on May 23, 1939, in
book E-1, page _____, of Official Records of Lincoln
County, Nevada, covering the following described property situated in the _____
County of Lincoln, State of Nevada:

All of Lot Ten (10) in Block Fifteen (15) in the City of Caliente, Lincoln County,
Nevada as the same is shown on the revised official plat of the said City of Caliente, now
on file and of record in the Office of the County Recorder of Said Lincoln County,
Nevada and to which said plat and the records thereof reference is hereby made for
further particular description.

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

Dated November 29, 1984

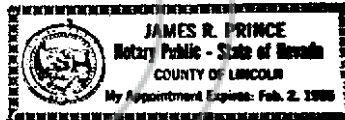
Grace M. Price
Grace M. Price

SUBSCRIBED AND SWORN TO before me

this 3rd day of December

Signature James R. Prince
JAMES R. PRINCE

Name (Typed or Printed)



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

19218227CP

RECORDING REQUESTED BY
Ticor Title Insurance

AND WHEN RECORDED MAIL TO

Name
Street
Address
City &
State

Grace M. Price
P.O. BOX 134
Caliente, Nevada 89008

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 81698
FILED AND RECORDED AT REQUEST OF
TICOR Title Ins.
Dec. 17, 1984
AT 20 MINUTES PAST 9 O'CLOCK
9 A.M. IN BOOK 63 OF OFFICIAL
RECORDS, PAGE 494 LINCOLN
COUNTY, NEVADA.
Quinn Nelson
COUNTY RECORDER

BOOK 63 PAGE 494



DEPARTMENT OF HUMAN RESOURCES
STATE OF NEVADA - DIVISION OF HEALTH AND WELFARE
DIVISION OF VITAL STATISTICS

REGISTRAR'S No. 119 CERTIFICATE OF DEATH STATE FILE NO. 66-165

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH: STATE OF NEVADA A. COUNTY Lincoln | | 2. USUAL RESIDENCE (If not stated, give address) A. STATE Nevada COUNTY Lincoln | |
| B. CITY, TOWN, OR LOCATION Caliente | | C. CITY, TOWN, OR LOCATION Caliente | |
| D. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Lincoln County Hospital | | E. STREET ADDRESS 446 Main Street | |
| 3. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | F. IS RESIDENCE INSIDE CITY LIMITS? G. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 4. NAME OF DECEASED (Last) (First) (Middle) Wilford W. Christensen | | 5. DATE OF DEATH (Month) (Day) (Year) Jan 8-1966 | |
| 6. SEX Male | 7. COLOR OR COMPLEXION White | 8. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 9. DATE OF BIRTH (Month) (Day) (Year) Feb. 10-1899 |
| 10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Rtd. H.R. Car Inspector | | 11. KIND OF BUSINESS OR INDUSTRY U.P. R.R. | 12. BIRTHPLACE (State or foreign country) Hyde Park, Utah |
| 13. FATHER'S NAME Jens Christen Christensen | | 14. MOTHER'S MAIDEN NAME Hasina Jorgensen | |
| 15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD? (If so, give year or date) None | | 16. SOCIAL SEC. NO. None | |
| 17. INFORMANT Irene Christensen Caliente | | 18. CAUSE OF DEATH (See instructions on back for (a), (b), (c).) PART I: DEATH WAS CAUSED BY: Chronic myocarditis | |
| 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (Condition given in Part I) None | | 20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21. I attended the deceased from June 65 to Jan 8-66 and last saw him/her there after Jan 8-66 Death occurred at 7:15 a.m. on the date stated above; and to the best of my knowledge, from the cause stated. | | 22. SIGNATURE (If not in ink, give name) Al. D. [Signature] | |
| 23. ADDRESS Caliente, Nevada | | 24. DATE SIGNED Jan 8-66 | |
| 25. BURIAL, CREMATION, OR OTHER DISPOSAL Funeral | | 26. DATE Jan 11-66 | |
| 27. NAME OF CEMETERY OR INTERMENT PLACE I.O.O.F. Cemetery | | 28. LOCATION (City, town, or county) Caliente, Nevada | |
| 29. FUNERAL DIRECTOR, EMBALMER & LIC. NO. Lincoln Co. Mortuary 98 | | 30. ADDRESS Caliente | |
| 31. DATE REC'D BY LOCAL REG. Jan 8-66 | | 32. REGISTRAR'S SIGNATURE [Signature] | |



This is to certify that the above is a true and correct copy of the certificate on file in this office.
Date Issued: **DEC 13 1984**

Catherine S. Louie
Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT.