

Affidavit-Death of Joint Tenant

TD 5036 NV (11-84)

THIS FORM FURNISHED BY TICOR TITLE INSURANCE

STATE OF NEVADA } ss.
County of _____

R. Rex Bentley _____ of legal age, being first duly sworn, deposes and says:
That Afton B. Bentley _____ the decedent mentioned in the attached certified
copy of Certificate of Death, is the same person as Afton Bentley
named as one of the parties in that certain deed
dated June 11, 1965 _____, executed by R. Rex Bentley

to R. Rex Bentley and Afton Bentley, husband and wife as joint tenants
as joint tenants, recorded as Instrument No. _____, on June 22, 1965 _____, in
book M-1 _____, page 421 _____, of Official Records of Lincoln
County, Nevada, covering the following described property situated in the _____
County of Lincoln _____, State of Nevada:

Lots Two (2), Three (3) and Four (4) in Block Twenty Seven in the Town of Ploche

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 December 13, 1984

R. Rex Bentley
R. Rex Bentley

SUBSCRIBED AND SWORN TO before me

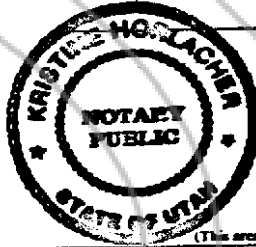
this 21st day of December, 1984

Signature Kristine Horlacher

Kristine Horlacher

Name (Typed or Printed)

My Commission Expires: 10/24/88



(This area for official notarial seal)

Title Order No. _____

Escrow or Loan No. LV218237 CP

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

Name R. Rex Bentley
Street Address 223 S. Main
City & State St. George, Utah 84770

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 82095
FILED AND RECORDED AT REQUEST OF
Ticor Title Insurance
January 30, 1985
AT 20 MINUTES PAST 9 O'CLOCK
A.M. IN BOOK 64 OF OFFICIAL
RECORDS, PAGE 360 LINCOLN
COUNTY, NEVADA.

YURIKO SETZER
COUNTY RECORDER

By [Signature], Deputy

BOOK 64 PAGE 360

DEPARTMENT OF HEALTH

UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

FILE NUMBER 48-3426 REGISTRATION NUMBER 15332

NAME OF DECEDENT - FIRST MIDDLE LAST: **Afton Barnum BENTLEY** 20 DATE OF DEATH - MONTH, DAY, YEAR: **October 15, 1976** 21 TIME OF DEATH - IN HOUR (CLOCK): **0818**

1 SEX: **male** 4 RACE (WHITE, BLACK, HISPANIC, ETC.): **White** 5 BIRTHPLACE (STATE OR FOREIGN COUNTRY): **Enterprise, Utah** 6 DATE OF BIRTH (MONTH, DAY, YEAR): **October 31, 1910** 7 AGE (LAST BIRTHDAY): **65** YEARS 8 UNDER 1 YEAR: **MONTHS** 9 UNDER 20 HOURS: **MINUTES** 10 HOURS: **MINUTES** 11 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED): **Richard R. Bentley**

13 CITIZEN OF WHAT COUNTRY: **U. S. A.** 8 SOCIAL SECURITY NUMBER: **[REDACTED]** 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): **Married** 11 NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MARRIED): **Richard R. Bentley**

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Housewife** 12c KIND OF BUSINESS OR INDUSTRY: **Own Home** 13 EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY 10-12) COLLEGE 11-4 or 5-9: **12**

14 NAME OF FATHER: **James Russell Barnum** 15 MAIDEN NAME OF MOTHER: **Tracey Hunt** 16 WAS DECEDENT EVER IN U.S. ARMED SERVICES (Specify Yes or No): **No**

USUAL RESIDENCE - STREET ADDRESS (GIVE AND NUMBER OR LOCATION): **Box 556** 17a UNLESS CITY CORPORATE LIMITS APPLY, YES OR NO: **Yes** 18 NAME & MAILING ADDRESS OF INFORMANT: **Richard Rex Bentley, Box 556, Pioche, Nevada 89043**

CITY OR TOWN: **Pioche** 17b COUNTY: **Nevada** 17c STATE: **Nevada**

19 NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If not in home): **L. D. S. Hospital** 19a CITY OR TOWN: **Salt Lake City** 19b COUNTY: **Salt Lake**

MEDICAL EXAMINER: I hereby certify that death occurred at the home, date & place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. 20 PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: *[Signature]* 20c DATE SIGNED: **10/15/76**

PHYSICIAN: I hereby certify that death occurred at the home, date and place stated above from the causes stated below, and that I attended the decedent and I list the date deceased above on death certificate. 21 CERTIFIER'S NAME AND TITLE (Type or Print): **Jay Monroe Jensen, M. D.** 21c PHYSICIAN'S LICENSE NO.: **3001**

IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? Yes or No: **No** 22 CERTIFIER'S ADDRESS: **508 East South Temple, Salt Lake City, Ut.**

IF "YES" DATE & HOUR REPORTED: **10/15/76**

23 SIGNATURE OF FUNERAL DIRECTOR: *[Signature]* 24 FUNERAL HOME - NAME AND ADDRESS: **Metcalf Mortuary, St. George, Utah**

NAME AND LOCATION OF CEMETERY OR CREMATORY: **[REDACTED]** 25 REGISTRATION NO. (LOCATION): **[REDACTED]** 27 Date reported for registration: **October 15, 1976**

PART I: DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C)
 (a) IMMEDIATE CAUSE: **Cardiac arrest**
 (b) DUE TO OR AS A COMPLICATION OF: **Myocardial infarction**
 (c) DUE TO OR AS A CONSEQUENCE OF: **Circumstances of heart**
 ADVISORY: STATE INTERVAL BETWEEN QUIET AND DEAD: **2mi**
3hr

PART II: OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I: **[REDACTED]**

28a. AGENCY (not all agencies authorized to provide autopsies): **[REDACTED]** 28b. DATE OF INQUIRY: **[REDACTED]** 28c. TIME OF INQUIRY (24 HOUR CLOCK): **[REDACTED]** 29 INQUIRY AT HOME (Specify YES or NO): **[REDACTED]** 30 PLACE OF INQUIRY (Specify home, hotel, factory, restaurant, office building, etc.): **[REDACTED]**

LOCATION OF INQUIRY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): **[REDACTED]** 31a. Name of person who gave information to you (last name and initials): **[REDACTED]** 31b. Relationship (Specify YES or NO): **[REDACTED]** 32 Date (Specify YES or NO): **[REDACTED]**

33 INQUIRY FROM PERSON OCCURRED (ENTER IN INITIALS OR EVENTS WHICH RESULTED IN INQUIRY; NATURE OF INQUIRY SHOULD BE ENTERED IN ITEM 34) 34 If space permits, describe, specify all diseases and other conditions of decedent.

SDH-BHS 806-191 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: **NOV 23 1984**

John E. Brocken
 John E. Brocken
 DIRECTOR OF VITAL STATISTICS
 By

