

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Donis J. Adair, first being duly sworn, deposes and says:

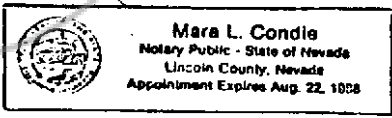
1. That she is the surviving ^{Daughter} spouse of Ruby Johnson who died on Jan. 29, 1988, at Enterprise, Utah
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:
See attached page.

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 their sole and separate property pursuant to Nevada Revised Statutes 40.470 (5).

Donis J. Adair
Affiant

Subscribed and sworn to before me
this 14 day of MARCH 1988.

Mara L. Condie
Notary Public



A strip of land 62 feet wide on the west side of grantors one acre parcel of land situated in the extreme Northeast corner of the southwest Quarter of the Southwest quarter (SW $\frac{1}{4}$ SW $\frac{1}{4}$) of Section 9, Township 2 South, Range 68 East, MDB&M , and described further as follows:

Beginning at a point 256 $\frac{1}{2}$ feet South of the Northeast corner of said Southwest Quarter of the Southwest quarter (SW $\frac{1}{4}$ SW $\frac{1}{4}$) of said Section 9, thence running West 133 feet to the true point of beginning, and thence continuing west 62 feet, thence running North 160 feet, thence running Northeasterly approximately 85 feet to a point, thence running South approximately 230 feet to the true point of beginning.

No. 88698

FILED AND RECORDED AT REQUEST OF
Doris J. Adair
May 2, 1988

At 15 MINUTES PAST 2 O'CLOCK
P. M. IN BOOK 79 OF OFFICIAL
RECORDS PAGE 481 LINCOLN
COUNTY, NEVADA.

FRANK C. HULSE

COUNTY RECORDER

By Mara Cordie, Deputy

STATE OF UTAH - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF UTAH - DEPARTMENT OF HEALTH

STATE FILE NUMBER

LOCAL FILE NUMBER **27-40**

NAME OF DECEDENT FIRST **RUBY ADELLE SPURGEON** MIDDLE **JOHNSON** LAST **Female** SEX **White** RACE (White, Black, Am. Indian, etc.) DATE OF DEATH (Month, Day, Year) **January 29, 1988**

WAS DECEDENT OF SPANISH ORIGIN? YES NO (If yes, indicate type: Mexican, Puerto Rican, Cuban, Other) No

BIRTHPLACE (State or foreign country) **Wisconsin** CITIZEN OF what country **USA** MARRIED Single Widowed Education - Specify only highest grade completed: **Elementary or Secondary (8-11) College (12-18) or 17-1** SOCIAL SECURITY NUMBER **[REDACTED]**

USUAL OCCUPATION (Give kind of work done during most of working life over 15 years) **Homemaker** KIND OF BUSINESS OR INDUSTRY **Own Home** NAME OF reporting spouse (if alive, enter maiden name) **Deceased**

NAME OF FATHER **Ardis Fayette Spurgeon** NAME OF MOTHER **Nettie Adelle Truman** Was decedent ever in U.S. Armed Forces? YES NO

USUAL RESIDENCE - Street address or location: **72 North Main Street** INSIDE CITY LIMITS? YES NO NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT **Mildred Peterson (Daughter)**

CITY OR TOWN **Enterprise** COUNTY **Washington** STATE AND ZIP CODE **Utah 84725** CITY OR TOWN **Enterprise** COUNTY **Washington**

NAME OF hospital, nursing home or other institution where death occurred **72 North Main** PHYSICIAN OR MEDICAL EXAMINER SIGNATURE **Lee W. Vance, M.D.** TIME OF DEATH (24 hr.) **08:15**

PHYSICIAN - I hereby certify that to the best of my knowledge the death occurred at the hour, date and place stated above from the causes stated below, that I attended the decedent, and I list only the immediate cause of death. (If not certified by medical examiner, shall death reported to him? YES NO If yes, enter the date and hour reported in E, Case No.)

CERTIFIER'S name and title (Type or print) **Lee W. Vance, M.D.** DATE SIGNED (Month, Day, Year) **January 29, 1988**

CERTIFIER'S address and the code **515 S. 300 E.; St. George, Utah 84770** UTAH PHYSICIAN LICENSE NUMBER **8455**

Funeral Home - Name, address and license number **Yetter's Mortuary; St. George, Utah** DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR **2-1-88**

NAME AND LOCATION OF CEMETERY OR CREMATORY **Panaca, Nevada Cemetery**

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) **Respiratory Failure** (B) **Stroke** (C) **Due to, or as a consequence of**

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) **Stroke** (B) **Stroke** (C) **Due to, or as a consequence of**

PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN PART I.

Accident Pending investigation DATE OF INJURY (Month, Day, Year) **2-2-88** TIME OF INJURY (24 hour clock) **08:15** INJURY AT WORK? YES NO PLACE OF INJURY (Specify home, farm, factory, street, street, other buildings, etc.) **Home**

Location of injury - Street and number on location and city or town. **72 North Main, Enterprise, Utah** Were laboratory tests done for drug or toxic substances? YES NO More laboratory tests done for alcohol? YES NO If motor vehicle accident, specify if decedent was driver, passenger or pedestrian.

DESCRIBE HOW INJURY OCCURRED (omit sequence of events which resulted in injury. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 20)

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 26-2-26 of the Utah Code Annotated, 1953 As Amended.

Date Issued: **APR 13 1988**

County: **Washington**

Registrar: **William J. Coffman**

John E. Brockert
DIRECTOR OF VITAL STATISTICS



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