

89125  
FILED AND RECORDED AT REQUEST OF  
Geraldine O. Condie,  
July 5, 1988  
A. 1  
P. 80  
F. 418  
C. NEVADA  
FRANK C. HULSE  
COUNTY RECORDER

AFFIDAVIT - DEATH OF JOINT TENANT

By Mara Condie Deputy

STATE OF NEVADA )  
                          ) ss.  
COUNTY OF LINCOLN )

Geraldine Olson Condie, first being duly sworn, deposes and says;

1. That she is the surviving <sup>daughter</sup> ~~mother~~ of Florence C. Olson who died on May 27, 1988, at Woodbridge, Virginia
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:

Block #2 1/2 lot 2 and Blk 2 East Half of lot 3 in Caliente, § Nevada

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).

Geraldine O. Condie  
Affiant

Subscribed and sworn to before me  
this 29 day of June 1988.

Karel L. Breeding  
Notary Public  
Woodbridge, Virginia

My Commission Expires August 1990



VIRGINIA STATE HEALTH DEPARTMENT

CERTIFIED COPY OF DEATH RECORD

COMMONWEALTH OF VIRGINIA—CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH—DIVISION OF VITAL RECORDS—RICHMOND

COPY A		REGISTRATION AREA NUMBER 175	CERTIFICATE NUMBER 133	STATE FILE NUMBER
DECEDENT		1. FULL NAME OF DECEASED Florence Cox Olson		2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
		3. RACE Caucasian		4. DATE OF BIRTH July 5, 1910
		5. DATE OF DEATH May 27, 1988		6. AGE 77
PLACE OF DEATH		7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) None		8. COUNTY OF DEATH Prince William
		9. CITY OR TOWN OF DEATH Woodbridge		10. STREET ADDRESS OR R.F. NO. OF PLACE OF DEATH 2216 Emporia Street
USUAL RESIDENCE OF DECEASED		12. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE Virginia		13. COUNTY OF DECEASED'S RESIDENCE Prince William
		14. CITY OR TOWN OF RESIDENCE Woodbridge		15. STREET ADDRESS OR R.F. NO. OF RESIDENCE 2216 Emporia Street
		16. ZIP CODE 22191		17. MAIDEN NAME OF MOTHER OF DECEASED Laura Godbe
PERSONAL DATA OF DECEASED		18. NAME OF FATHER OF DECEASED Alma John Cox		19. NAME OF MOTHER OF DECEASED Laura Godbe
		20. CITIZEN OF WHAT COUNTRY U.S.A.	21. BIRTHPLACE (State or Country) Seattle, Washington	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>
		23. SOCIAL SECURITY NUMBER [REDACTED]		24. KIND OF BUSINESS OR INDUSTRY Nevada State
		25. USUAL OR LAST OCCUPATION Teacher		26. INFORMANT—OR SOURCE OF INFORMATION Mrs. Geraldine O. Condie
TO PHYSICIAN:		27. CAUSE OF DEATH (Enter only one cause or two for (A), (B), and (C). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <i>Respiratory Arrest</i>		INTERVAL BETWEEN ONSET AND DEATH 15 min
		28. DUE TO <i>Pulmonary Emphysema</i>		15 yrs
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		29. AUTOPSY AUTHORIZED BY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		30. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	31. IF EXTERNAL CAUSE, IT WAS: TRAUMATIC <input type="checkbox"/> NON-TRAUMATIC <input type="checkbox"/>	32. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
		33. TIME OF INJURY A.M. <input type="checkbox"/> P.M. <input checked="" type="checkbox"/>	34. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	35. PLACE OF INJURY (Home, Farm, Factory, Street, Office Building, etc.)
		36. To the best of my knowledge, death occurred at <i>1:20</i> (a.m./p.m.) on the date and place and from the cause(s) stated.		
		ACTUAL SIGNATURE: <i>Harvey B. Williams, Jr.</i> DATE SIGNED: <i>5-31-88</i>		
		NAME OF ATTENDING PHYSICIAN: <i>HARVEY B. WILLIAMS, JR.</i> ADDRESS OF ATTENDING PHYSICIAN: <i>12506 C Lakeridge Dr. Woodbridge, VA</i>		
FUNERAL DIRECTOR		37. BURIAL, REBURYAL, CREMATION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> REBURYAL <input type="checkbox"/> CREMATION		38. PLACE OF BURIAL, REMOVAL, ETC. Caliente Veteran Cemetery Caliente, Nevada
		39. (Signature of funeral director or person legally filing the certificate) <i>Jim Dawson</i>		NAME OF FUNERAL HOME AND ADDRESS: Mountcastle Funeral Home Woodbridge, Virginia 22191
REGISTRAR		40. (Signature of registrar) <i>Anna Heuble</i>		DATE RECORD FILED: <i>5-31-88</i>

This is to certify that this is a true and correct reproduction of the original record filed with the Prince William County Department of Health, Woodbridge, Virginia.

Date Issued *5-31-88*

*Anna Heuble*  
Registrar or Deputy

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