

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

Richard L. Prince, first being duly sworn, deposes and says;

1. That he is the surviving ^{Son} ~~husband~~ of Leslie H. Prince who died on July 29, 1986, at Panaca, Nevada
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:


The South 95 feet of Lot 3, Block 19, in the Town of Panaca, County of Lincoln, State of Nevada, together with any and all improvements situate thereon.

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

Richard L. Prince
Affiant Richard L. Prince

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

Mara L. Condie
Notary Public

 **Mara L. Condie**
Notary Public - State of Nevada
Lincoln County, Nevada
Appointment Expires Aug 22, 1988

No. 89207
FILED AND RECORDED AT REQUEST OF
Richard L. Prince
July 29, 1988
AT 59 MINUTES PAST 1 O'CLOCK
P M IN BOOK 80 OF OFFICIAL
RECORDS, PAGE 675 LINCOLN
COUNTY, NEVADA.
FRANK C. HULSE
COUNTY RECORDER

By *Mara Condie*, Deputy

STATE OF NEVADA
 DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH
 VITAL STATISTICS
 STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES
 DIVISION OF HEALTH -- SECTION OF VITAL STATISTICS
CERTIFICATE OF DEATH

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TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last			DATE OF BIRTH Month, Day, Year	STATE FILE NUMBER
	1	Leslie Hyrum PRINCE			2 July 29, 1986	3a Lincoln
DECEDENT	CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name if not either, give street and number)		INSIDE CITY LIMITS (Specify Yes or No)	IF HOME OF THE DECEASED OR OF EMBALMER (Specify Yes or No)
	2b Panaca		3c Residence		3d No	3e 7
IF DEATH OCCURRED IN RESIDENCE SEE INSTRUCTIONS REGARDING CONTRIBUTION TO RESIDENCE ITEMS	RACE—U.S. White, Black, American Indian, Neg. (Specify)	ETHNIC	AGE—Last Birthday—Years	UNDER 1 YEAR MOS—DAYS	OLDER 1 YEAR HOURS—MIN	DATE OF BIRTH Month, Day, Year
	4a White		5a 80	5b	5c	6 June 1, 1906
SEX	STATE OF BIRTH (If Not U.S.A., Name Country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If name, give present name—HAS DECEASED? (If U.S. ARMED FORCES? (Specify Yes or No)		7
	8 Utah	9 U.S.A.	10 Widowed	11		12 No
L	SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of Work Done During Week of Reporting Date; Each of National)	KIND OF BUSINESS OR INDUSTRY		
	13		14a Security Guard 423	14b Test Site 701		
PARENTS	RESIDENCE—STREET CITY COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER INSIDE CITY LIMITS (Specify Yes or No)	
	15a Nevada 15b Lincoln		15c Panaca		15d No	
DISPOSITION	FATHER—NAME First Middle Last		MOTHER—NAME First Middle Last			
	16 Hyrum Richard Prince		17 Minnie Viola Larson			
CERTIFIER	INFORMANT—NAME (Type of Print)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)			
	18a Loie Leavitt - Daughter		18b P O Box 23 Gunlock Utah 84733			
CAUSE OF DEATH	BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION City or Town State	
	19a Removal		19b Hurricane Cemetery		19c Hurricane Utah	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE INTERVING CAUSE LAST	FUNERAL DIRECTOR—SIGNATURE (If Agent of Agency or Agency)		NAME AND ADDRESS OF FACILITY			
	20a <i>Theresa Williams</i>		20b Palm Mortuary 1325 North Main St. Las Vegas Nevada 89101			
CAUSE OF DEATH	21a In the best of the knowledge, death occurred at the time, date and place and due to the causes stated: (Signature and Title) DATE SIGNED (Mo., Day, Yr.)		21b HOUR OF DEATH		21c On the basis of examination and of information in the death certificate at the time, date and place stated in the death certificate: (Signature and Title) DATE SIGNED (Mo., Day, Yr.)	
	21d NAME OF ATTENDING PHYSICIAN (If Other Than Certifier, Type or Print)		21e		21f	
CAUSE OF DEATH	22a NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22b		22c	
	23 Richard Triplett, Deputy Coroner, PO Box 570 Pioche NV 89043		22d ON 7-29-86		22e AT 1050	
CAUSE OF DEATH	REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		DEATH DUE TO COMMUNICABLE DISEASE	
	24a <i>Patricia Robinson, Deput</i>		24b AUG 01 1986		24c YES C NO D	
CAUSE OF DEATH	25 IMMEDIATE CAUSE—ENTER ONLY ONE CAUSE PER LINE FOR I, II, AND III		PART I		INTERVAL BETWEEN PART I AND PART II	
	4140 } I Cardio Pulmonary Arrest II Coronary Heart Disease III Coronary Atherosclerosis		PART II		INTERVAL BETWEEN PART II AND PART III	
CAUSE OF DEATH	OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		IF WAS CASE REFERRED TO CORONER (Specify Yes or No)	
			26 No		27 Yes pm	
CAUSE OF DEATH	AGE, SUICIDE—HOW LIMIT, OR PENDING ARREST (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY	
	28a		28b		28c	
CAUSE OF DEATH	INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—(In home, farm, street, factory, office, outdoors, etc. Specify)		LOCATION	
	29a		29b		29c	
CAUSE OF DEATH	STREET OR R.F.D. No.		CITY OR TOWN		STATE	
	29d		29e		29f	

VITAL RECORDS

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Nº 60190



This is to certify that the above is a true and correct copy of the certificate on file in this office.

Date Issued: AUG 20 1986

By: *Laurence P. [Signature]* Deputy Registrar



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