

AFFIDAVIT- DEATH OF JOINT TENANT

STATE OF NEVADA)  
                  )ss.  
COUNTY OF LINCOLN).

Janice M. Hutchings, first being duly sworn, deposes and says:

1. That she is the surviving spouse of Thomas L. Hutchings, who died on July 31, 1974.
2. That at the time of death of decedent, affiant and decedent owned property in Joint Tenancy described as follows:

Lots numbered One (1), Two (2), Three (3), Four (4), Five (5), Six (6), Seven(7) and Eight (8) in Block numbered Thirty-seven (37), together with an easement for a sidewalk 4 feet 6 inches in width along the Easterly 65 feet of the North boundary of Lot numbered Nine (9) in said Block thirty-seven (37) , together with any and all improvements situate thereon consisting of a Motel and other improvements and contents and inventory therein.

Also, Lots numbered Ten (10), Eleven (11) and Twelve (12) in Block Forty (40), together with any and all improvements situate thereon and including the dwelling house and the contents therein.

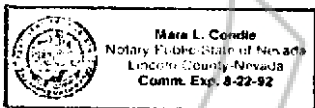
3. That proof of death is affixed hereto as Exhibit "A" in the form of a certified copy of the death certificate and affiant claims the above described property as her sole and separate property pursuant to Nevada Revised Statutes 40.470(5).

Dated: November 18, 1988.

*Janice M. Hutchings*  
\_\_\_\_\_  
Janice M. Hutchings

STATE OF NEVADA)  
                  )ss.  
COUNTY OF LINCOLN)

On this 18 day of November, A.D. 1988, before me, a Notary Public in and for said county and state, personally appeared Janice M. Hutchings, known to me to be the person described in and who executed the foregoing instrument, who acknowledged to me that she executed the same freely and voluntarily and for the uses and purposes therein mentioned.



*Mara L. Condie*  
\_\_\_\_\_  
Notary Public

No. 90362  
FILED AND RECORDED AT REQUEST OF  
Janice M. Hutchings  
November 18, 1988  
At 35 MINNESOTA 3 O'CLOCK  
PM ROOM 83 OFFICIAL  
RECORDS, PAGE 279 LINCOLN  
COUNTY, NEVADA.

FRANK C. HULSE  
COUNTY RECORDER

By *Mara L. Condie*, Deputy

STATE OF NEVADA  
DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF HEALTH  
SECTION OF VITAL STATISTICS  
CARSON CITY, NEVADA 89701

STATE OF NEVADA—DEPARTMENT OF HEALTH, WELFARE, AND REHABILITATION  
DIVISION OF HEALTH—SECTION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

RELATIVES

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST <b>THOMAS LOWELL HUTCHINGS</b>		SEX <b>Male</b>	DATE OF DEATH—MONTH, DAY, YEAR <b>July 31, 1974</b>
RACE <b>White</b>		AGE—LAST BIRTHDAY (YEARS) MONTHS DAYS <b>58</b>	DATE OF BIRTH—MONTH, DAY, YEAR <b>May 30, 1916</b>
CITY, TOWN, OR LOCATION OF DEATH <b>Rural</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN STATE, GIVE STREET AND NUMBER) <b>Stampede Gap, West of Caselton Mine</b>	COUNTY OF DEATH <b>Lincoln</b>
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Utah</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME) <b>Janice Margaret Lloyd</b>	
RESIDENCE—STATE COUNTY <b>Nevada Lincoln</b>		KIND OF BUSINESS OR INDUSTRY <b>Lincoln County Treasurer</b>	
FATHER—NAME FIRST MIDDLE LAST <b>Thomas Jared Hutchings</b>		MOTHER—MARDEN NAME FIRST MIDDLE LAST <b>Margaret Ann Cox</b>	
INFORMANT—NAME <b>Mrs. Janice Hutchings</b>		MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) <b>P. O. Box 353, Pioche, Nevada 89043</b>	
PART I DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
(a) IMMEDIATE CAUSE <b>4/10? Massive Coronary</b>		SPECIFY WITH INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE TOP, STATING THE UNDERLYING CAUSE LAST			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	MONTH DAY YEAR
CERTIFICATION—MEDICAL EXAMINER OR CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, THE DEATH OCCURRED ON THE DATE AND TIME TO THE CAUSE(S) STATED.		MONTH OF DEATH	DATE AND TIME DEATH
CERTIFIER—NAME (TYPE OR PRINT) <b>Rodney L. Chadburn</b>		SIGNATURE <i>Rodney L. Chadburn</i>	DEGREE OF TITLE <b>Coroner</b>
MAILING ADDRESS—CERTIFIER		CITY OR TOWN <b>Pioche</b>	STATE <b>Nevada</b>
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION
DATE (MONTH, DAY, YEAR) <b>Aug. 3, 1974</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) <b>Lincoln County Mortuary, P. O. Box 236, Caliente, Nev. 89008</b>	
FUNERAL DIRECTOR—SIGNATURE <i>David H. Potbas</i>		REGISTRAR—SIGNATURE <i>[Signature]</i>	DATE RECEIVED BY LOCAL REGISTRAR <b>8-6-74</b>



I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE WITH THE SECTION OF VITAL STATISTICS, NEVADA DIVISION OF HEALTH.

Date Issued: **AUG 12 1974**

NOT VALID WITHOUT THE RAISED SEAL OF THE NEVADA DIVISION OF HEALTH

*Jack Homeyer*  
JACK HOMEYER  
Biostatistician  
Chief, Section of Vital Statistics

By: *Ann Furumachi*