

Lincoln County

Affidavit—Death of Joint Tenant

© 2025 NV 10-261 THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF Lincoln

Thelma E. Martin

That Charles Frank Martin, of legal age, being first duly sworn, deposes and says: Certificate of Death, is the same person as Charles F. Martin, the decedent mentioned in the attached certified copy of named as one of the parties in that certain Joint Tenancy Deed dated November 9, 1976 executed by Wm. O. Fernandez and Lucille K. Fernandez, Husband and Wife to Charles F. Martin and Thelma E. Martin, Husband and Wife as joint tenants, recorded as Instrument No. 60949 on Dec. 5, 1977 in book 23, page 239, of Official Records of Lincoln County, Nevada, covering the following described property situated in the City of Caliente County of Lincoln, State of Nevada:

Lot N. 26, Rowan Sub-Division in the City of Caliente, County of Lincoln, State of Nevada, as recorded in Book of Plat A, Page 78, Lincoln County Records in Pioche, Nevada, together with any and all improvements situate thereon.

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 11,000.00

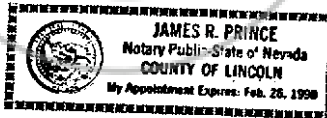
Dated September 26, 1989

Thelma E. Martin
Thelma E. Martin

SUBSCRIBED AND SWORN TO before me

his 26th day of September 1989

Signature James R. Prince
James R. Prince
Name (Typed or Printed)



(This area for official notarial seal)

File Order No.

Ectrow or Loan No.

RECORDING REQUESTED BY

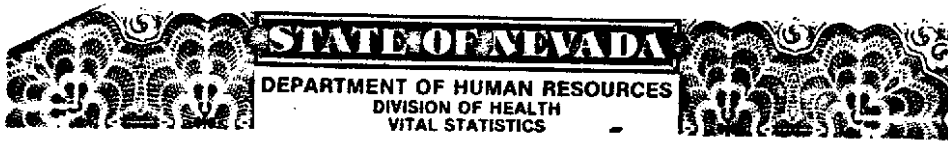
SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

N. 92765
AND RECORDED AT REQUEST OF
Thelma E. Martin
Sept 26, 1989
AT 30 LINCOLN EAST 10 c. OCC
BOOK 87 OF OFF. I
RECORD PAGE 274 LINCOLN
COUNTY, NEVADA
Thelma E. Martin Deputy
COUNTY REC.

BOOK 87 PAGE 274

Lincoln County



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

89 005771

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME (Last, First, Middle)		DATE OF DEATH (Month, Day, Year)	
Charles Frank MARTEL		Aug 17, 1989	
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
Caliente		Lincoln	
RECEIPTS, OR OTHER INSTITUTION—Name of institution, date received and number		SEX	
* G.S.D. Medical Center		Male	
RACE (Specify) (White, Black, American Indian, etc.)		MARRIAGE STATUS	
White		Married	
AGE—Last birthday (Years)		DATE OF BIRTH (Month, Day, Year)	
77		Feb. 16, 1912	
EDUCATION (Specify highest grade completed)		MARRIAGE STATUS (Specify)	
8		Married	
CITY, TOWN, OR LOCATION OF BIRTH		SURVIVING SPOUSE (If male, give maiden name)	
Kansas		Thelma M. Murphy	
SOCIAL SECURITY NUMBER		OCCUPATION (Specify kind of work done during death or preceding 12 months)	
		Road Crew Foreman	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
Nevada		Lincoln	
FATHER—NAME (First, Middle, Last)		MOTHER—MAIDEN NAME (First, Middle, Last)	
T. Grant Martin		Catherine (Torre)	
DEPARTMENT—NAME (Type or Party)		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	
Thelma M. Martin (Widow)		P.O. Box 396 Caliente, Nevada 89006	
BURIAL, CREMATION, REBURY, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
Burial		Caliente City Cemetery	
FEDERAL DIRECTOR—SIGNATURE (For Permanent Record)		FEDERAL REGISTER LICENSE NUMBER	
[Signature]		15	
NAME AND ADDRESS OF PHYSICIAN OR OTHER TRUST CERTIFIER (Type or Print)		NAME AND ADDRESS OF CERTIFIER (Type or Print)	
Lisa J. Bechtel M.D. P.O. Box 305 Caliente, Nevada		Lisa J. Bechtel M.D. P.O. Box 305 Caliente, Nevada	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Month, Day, Year)	
Betty McCracken		Aug 21, 1989	
AMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))		DEATH DUE TO COMMUNICABLE DISEASE	
PART (a) Respiratory arrest		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART (b) Lung carcinoma with metastases		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		at least 2-3 years	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not included in the underlying cause given in Part I		AUTOPSY (Specify Yes or No)	
Gastrointestinal and renal hypertrophy due to metastases		NO	
ACQ. SOURCE, HOW, LANDL. DATE OF INJURY (Month, Day, Year)		HOUR OF INJURY	
DATE OF INJURY		HOUR OF INJURY	
PLACE OF INJURY—Is this home, school, business, other (Specify Yes or No)		LOCATION	
		STREET OR R.F.D. No.	
		CITY OR TOWN	
		STATE	

STATE REGISTRAR

No 000530



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

Date issued: SEP 14 1989

Deputy Registrar



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 92365
FILED AND RECORDED AT THE OFFICE OF
Thelma Martin
Sept 20, 1989
AT 30... INDIAN EAST R2...
A... 87...
RECORDING FILE 274 LINCOLN
COUNTY, NEVADA
Hilda Zehner Deputy
COUNTY CLERK

BOOK 87 PAGE 275