

Lincoln County

**AFFIDAVIT TERMINATING JOINT TENANCY**

*Utah*  
STATE OF ~~NEVADA~~  
COUNTY OF ~~CLARK~~  
*Salt Lake*

Millie Fitzak \_\_\_\_\_ being first duly sworn, deposes and says that affiant is over the age of 21 years and competent to be a witness as to the matters hereinafter stated.

That affiant is the daughter of \_\_\_\_\_ the person named as Dorothea Carolyn Lawson, one of the grantees in that certain deed recorded August 23, 1966, as Deed No. Page 126 in Book "N-1" Real Estate Deeds \_\_\_\_\_ of Lincoln County, Nevada in the office of the County Recorder of Utah County, State of Nevada, Lincoln County

That Dorothea Carolyn Lawson was one of the grantees named in said deed and was the identical person named as Dorothea Carolyn Lawson, the decedent, in that certain Death Certificate, certified copy of which is annexed hereto and made a part hereof.

*Millie Fitzak*  
Millie Fitzak

Subscribed and sworn to before me this 24 day of Sept, 1967

*Samuel T. Coonell*  
Notary Public in and for \_\_\_\_\_ County and State  
**NOTARY PUBLIC**  
Coonell Expires \_\_\_\_\_  
**SAMUEL T. COONELL**  
723 N. Parliament Street  
Salt Lake City, Utah  
84116  
STATE OF UTAH

Lincoln County

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

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED - NAME First Middle Last <b>Dorthea Carolyn LAWSON</b>		DATE OF DEATH (Month, Day, Year) <b>June 24, 1989</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>		COUNTY OF DEATH <b>Lincoln</b>	
HOSPITAL OR OTHER INSTITUTION - Name of hospital, clinic, and number <b>Grover C. Dils Medical Center</b>		Place of death (Specify) <b>Inpatient</b>	
RACE - (Specify race, American Indian, etc.) <b>White</b>		SEX <b>Female</b>	
Was Decedent of Hispanic Origin? (Specify race and Hispanic) <b>No</b>		AGE - Last birthday (Years, Months, Days) <b>82</b>	
STATE OF BIRTH <b>Indiana</b>		DATE OF BIRTH (Month, Day, Year) <b>Sept. 28, 1906</b>	
CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIAGE STATUS <b>Widowed</b>	
USUAL OCCUPATION (Give kind of work done during most of working life. Even if Retired) <b>Homemaker</b>		KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
RESIDENCE - STATE <b>Nevada</b>		CITY, TOWN OR LOCATION <b>Caliente</b>	
FATHER - NAME First Middle Last <b>Homer Wisler</b>		MOTHER - MARRIED NAME First Middle Last <b>Ellen Dalee</b>	
INFORMANT - NAME (Type of Person) <b>Millicent Pitzak - Daughter</b>		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>667 Sir Michael Drive, Salt Lake City, Utah 84116</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		CEMETERY OR CREMATORY - NAME <b>NV Cremation and Burial Society</b>	
FUNERAL DIRECTOR - SIGNATURE <i>John White</i>		NAME AND ADDRESS OF FACILITY <b>Lincoln County Mortuary P.O. Box 236, Caliente, Nevada 89008</b>	
21a. On the basis of my professional judgment, death occurred at the time, date and place stated and that the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
21b. DATE SIGNED (Month, Day, Year) <b>7/29/89</b>		22b. HOUR OF DEATH <b>6:28 p.m.</b>	
21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of Person) <b>Andrew Lubas, M.D.</b>		22c. PRONOUNCED DEAD (Month, Day, Year) <b>7-3-89</b>	
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type of Person) <b>Andrew Lubas, M.D., P.O. Box 305, Caliente, NV 89008</b>		22d. LICENSE NUMBER <b>5411</b>	
23a. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) <b>Cerebrovascular Accident</b>		24. DEATH DUE TO COMMUNICABLE DISEASE <b>NO</b>	
23b. PART DUE TO, OR AS A CONSEQUENCE OF		25. INTERVAL BETWEEN ONSET AND DEATH	
23c. PART DUE TO, OR AS A CONSEQUENCE OF		26. INTERVAL BETWEEN ONSET AND DEATH	
26. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in Part 1		27. AUTOPSY (Specify Yes or No) <b>No</b>	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) <b>No</b>			
28. PLACE OF INJURY - (All homes, farm, school, factory, office, building, etc.)		29. LOCATION	
30. STREET OR R.F.D. NO.		31. CITY OR TOWN	
32. STATE			

STATE REGISTRAR No.001850

*J. C. Lawrence*  
Deputy Registrar

This is to certify that the above is a true and correct copy of the certificate on file in this office.  
Date issued: **JUL 13 1989**



WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

FILE # **92459** ST 07  
 Dominick Bullingeri  
 October 13, 1989  
 AT 50 \$ 3 CR  
 -P 87 - C.I. 1  
 RECD 435 LINCOLN  
 GG M G, L.A.A.  
 FRANK C. HULSE  
 By \_\_\_\_\_ Deputy  
 BOOK 87 PAGE 436