

# Affidavit—Death of Joint Tenant

TO 5074 NV (8-68)

THIS FORM FURNISHED BY TITLE INSURANCE AND TRUST COMPANY

STATE OF NEVADA,

COUNTY OF NEVADA } ss.

ROSE A. DAVIS of legal age, being first duly sworn, deposes and says:  
 That MORLEY E. DAVIS the decedent mentioned in the attached certified copy of  
 Certificate of Death, is the same person as MORLEY E. DAVIS  
 named as one of the parties in that certain Joint Tenancy Deed dated December 13, 1978  
 executed by Robert I. OLSON and MARY OLSON  
 to MORLEY E. DAVIS and ROSE A. DAVIS, Husband and Wife  
 as joint tenants, recorded as Instrument No. 63545 on January 11, 1978,  
 in book 28, page 466 & 467 of Official Records of Lincoln in  
 County, Nevada, covering the following described property situated in the City of Caliente  
 County of Lincoln, State of Nevada:

All of Lot 7 in Block "A" in the West Enc Addition to the City of Caliente, Nevada

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 \$ 32,000.00

Dated November 6, 1989

*Rose A. Davis*

SUBSCRIBED AND SWORN TO before me

this 6th day of November

Signature: *Judy A. Etchart*

JUDY A. ETCHART  
Name (Typed or Printed)  
Notary Public  
State of Nevada  
Commission Expires 12/31/91

(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

RECORDING REQUESTED BY

SPACE BELOW THIS LINE FOR RECORDER'S USE

AND WHEN RECORDED MAIL TO

Name  
Street Address  
City & State

NO. 92644  
 FILED AND RECORDED AT REQUEST OF  
Rose A. Davis  
6 November 1989  
 AT 5 O'CLOCK PM ON NOV 12 1989  
P 08 16  
 RECORDED 16 LINCOLN  
 COUNTY, NEVADA

*Frank C. Hulse*  
FRANK C. HULSE COUNTY RECORDER

# 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

TYPE OR PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME First Middle Last <b>Horley Elmer DAVIS</b>	STATE FILE NUMBER
	CITY, TOWN, OR LOCATION OF DEATH <b>Caliente</b>	HOSPITAL OR OTHER INSTITUTION—Name (If not name, give street and number) <b>820 Front St.</b>	DATE OF DEATH (Month, Day, Year) <b>Oct. 24, 1989</b>
DECEDENT	RACE—(e.g., White, Black, American Indian, etc.) <b>W.I.L.C.</b>	Was Decedent of Hispanic Origin? Specify (Do not check if yes, specify Mexican, Cuban, Puerto Rican, etc.)	SEX <b>Male</b>
	STATE OF BIRTH (If not U.S.A., name country) <b>Nevada</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>June 19, 1916</b>
FROM OCCURRED IN WITHIN 60 DAYS OF COMPLETION OF RESIDENCE PERMITS	SOCIAL SECURITY NUMBER	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired) <b>Clerk - Railroad</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>
	RESIDENCE—STATE <b>Nevada</b>	COUNTY <b>Lincoln</b>	KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>
PARENTS	FATHER—NAME First Middle Last <b>Claude Davis</b>	MOTHER—MAIDEN NAME First Middle Last <b>Daisy Heneretta Tennille</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
	INFORMANT—NAME (Type or Print) <b>Rose Anna Davis</b>	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <b>P.O. Box 204 Caliente, Nevada 89008</b>	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	CEMETERY OR CREMATORY—NAME <b>I.O.O.F. Cemetery</b>	LOCATION City or Town State <b>Caliente, Nevada</b>
	FUNERAL DIRECTOR—SIGNATURE (Of Person or Firm) <i>Joseph D. Wilkin</i>	FUNERAL DIRECTOR LICENSE NUMBER <b>15</b>	NAME AND ADDRESS OF FACILITY <b>Lincoln County Mortuary Box 236 Caliente, Nevada</b>
CERTIFIER	21a. To the best of my knowledge, the death occurred at the time, date and place and due to the causes 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 causes and manner stated.	
	DATE SIGNED (Mo., Day, Yr.) <b>Oct 26, 1989</b>	HOUR OF DEATH <b>9:45 A.M.</b>	DATE SIGNED (Mo., Day, Yr.)
	NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (Type or Print) <i>Joseph D. Wilkin M.D.</i>	22b. PROMOUNCED DEAD (Mo., Day, Yr.)	HOUR OF DEATH
	NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) <b>Joseph D. Wilkin M.D., P.O. Box 472 Panaca, Nevada 89042</b>	22c. PROMOUNCED DEAD (Mo., Day, Yr.)	22d. AT
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST	REGISTRAR (Signature) <i>Joseph D. Wilkin</i>	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) <b>Oct 26, 1989</b>	DEATH DUE TO COMMUNICABLE DISEASE 24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))	Interval between onset and death	
CAUSE OF DEATH	PART I (a) <b>Coronary pulmonary arrest</b>	Interval between onset and death <b>minutes</b>	
	(b) <b>Congestive Heart failure</b>	Interval between onset and death <b>years</b>	
	(c) <b>Coronary Artery disease</b>	Interval between onset and death <b>years</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.	AUTOPSY (Specify Yes or No) <b>No</b>	WHO CASE REFERRED TO CORONER (Specify Yes or No) <b>Yes</b>	
ACC., SUICIDE, MOM. UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, school, factory, office building, etc. (Specify)	LOCATION	STREET OR R.F.D. No. CITY OR TOWN STATE

STATE REGISTRAR

No. 810593

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

Date issued:

OCT 30 1989

Deputy Registrar



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