

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF NEVADA)
) ss.
COUNTY OF LINCOLN)

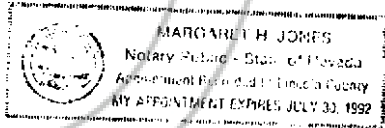
Donna Jeane Hansen, first being duly sworn, deposes and says;

1. That she is the surviving spouse of Lloyd C. Hansen who died on October 25, 1977, at Cedar City, Utah.
2. That at the time of death of the decedent, affiant and decedent owned property in Joint Tenancy described as follows:
All that certain lot, piece, or parcel of land situate in the town of Panaca, County of Lincoln, State of Nevada, and bounded and described as follows:
All of Lot Numbered Four (4) in Sun Gold Manor Unit No. 1, of said Panaca Town, as said lot is shown on the official plat of said subdivision now on file and of record in the office of the County Recorder of said Lincoln County, and to which lot and the records thereof reference is hereby made for further particular description.
Together with any and all buildings and improvements situate thereon 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).

Donna Jeane Hansen
Affiant Donna Jeane Hansen

Subscribed and sworn to before me
this 8th day of November 1989.

Margaret H. Jones
Notary Public



No. 92678
FILED AND RECORDED AT REQUEST OF
Donna Jeane Hansen
14 November 1989
AT 10 MINUTES PAST 3 O'CLOCK
P.M. IN BOOK 88 OF OFFICIAL
RECORDS, PAGE 67 LINCOLN
COUNTY, NEVADA.

Frank C. Hulise
FRANK C. HULSE COUNTY RECORDER

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF HEALTH
VITAL STATISTICS
UTAH STATE DIVISION OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 11-79 STATE FILE NUMBER

1. NAME OF DECEDENT - FIRST, MIDDLE, LAST: Lloyd Charles Hansen 2. DATE OF DEATH - MONTH, DAY, YEAR: Oct. 25, 1977 2a. TIME OF DEATH - 124 HOUR CLOCK: 8:40 A.M.

3. SEX: Male 4. RACE (WHITE, BLACK, MEXICAN, ETC.): Cauc. 5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Panaca, Nevada 6. DATE OF BIRTH (MONTH, DAY, YEAR): April 23, 1924 7. AGE (LAST BIRTHDAY): 53 YEARS

8. CITIZEN OF WHAT COUNTRY: U. S. A. 9. SOCIAL SECURITY NUMBER: [REDACTED] 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 11. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME): Donna Jeanne Heaps

12a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Highway Maintenance 12b. KIND OF BUSINESS OR INDUSTRY: Nevada State Road 13. EDUCATION - SPECIFY ONLY HIGHEST GRADE COMPLETED (ELEMENTARY OR SECONDARY (0-12) COLLEGE (13-16) OR 5+): 12

14. NAME OF FATHER: Charles Christian Hansen 15. MAIDEN NAME OF MOTHER: Emma Kingsland 16. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Year or None): None

17a. USUAL RESIDENCE - STREET ADDRESS (Street and number or location): P. O. Box 83 17b. INSIDE CITY CORPORATE LIMITS (Specify Yes or No): Yes 18. NAME & MAILING ADDRESS OF INFORMANT: Mrs. Donna Jeanne Hansen, P. O. Box 83, Panaca, Nevada

17c. CITY OR TOWN: Panaca 17d. COUNTY: Lincoln 17e. STATE: Nevada

19a. NAME OF HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED (If not in home, give street address or location): Valley View Medical Center 19b. CITY OR TOWN: Cedar City, Utah 19c. COUNTY: Iron

20a. MEDICAL EXAMINER: I hereby certify that death occurred at the hour, date & place stated above from the causes stated below based on examination of the body and/or investigation of the circumstances. 20b. PHYSICIAN OR MEDICAL EXAMINER SIGNATURE: Rymal G. Williams M.D. 20c. DATE SIGNED: Oct 28, 77

20d. PHYSICIAN: I hereby certify that death occurred at the hour, date and place stated above from the causes stated below and that I last saw the decedent alive on: month October day 25 year 1977 20e. CERTIFIER'S NAME AND TITLE (Type or Print): Rymal G. Williams M.D. 20f. PHYSICIAN'S UTAH LICENSE NO.: 2202

21. IF NOT CERTIFIED BY MEDICAL EXAMINER, WAS DEATH REPORTED TO HIM? (Yes or No): [] 20g. CERTIFIER'S ADDRESS: 23 West Center Cedar City, Utah 84720

22a. Burial, entombment, cremation or other disposition: Burial 22b. DATE: 10-29, 1977 23. SIGNATURE OF FUNERAL DIRECTOR: Clark 24. FUNERAL HOME - NAME AND ADDRESS: Spilsbury & Co., Cedar City, Utah 84720

25. NAME AND LOCATION OF CEMETERY OR CREMATORY: Panaca Cemetery, Panaca, Nevada 26. LOCAL HEALTH OFFICER SIGNATURE: W. Stratton M.D. M.H. 27. Date reported for registration by reporting agency: 7-2-77

28. PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A) AND (C))
 (A) IMMEDIATE CAUSE: Cardio-Respiratory Arrest
 (B) DUE TO, OR AS A CONSEQUENCE OF: CVA (Stroke)
 (C) DUE TO, OR AS A CONSEQUENCE OF: Hypertension & arteriosclerosis
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 4 days

29. PART II. OTHER SIGNIFICANT CONDITIONS - CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE IMMEDIATE CAUSE GIVEN IN (PART I): Chronic Bronchitis & Chronic Liver Disease (Cirrhosis)

30a. AUTOPSY: NO 30b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Specify Yes or No): []

31. Activity, exercise, hazardous undertaking or sporting occasion (Specify): [] 32a. DATE OF INJURY (Month, Day, Year): [] 32b. TIME OF INJURY (24 HOUR CLOCK): [] 33. INJURY AT WORK (Specify Yes or No): [] 34. PLACE OF INJURY (Specify Home, Farm, Factory, Store, Street, Office Building, etc.): []

35a. LOCATION OF INJURY (STREET AND NUMBER OR LOCATION AND CITY OR TOWN): [] 35b. Distance from place of injury to usual residence (From 37): [] MILES 36. Were laboratory tests done for drugs or toxic chemicals? (Specify Yes or No): [] 37. Were laboratory tests done for alcohol? (Specify Yes or No): []

38. DESCRIBE HOW INJURY OCCURRED (ENTER SEQUENCE OF EVENTS WHICH RESULTED IN INJURY. NATURE OF INJURY SHOULD BE ENTERED IN ITEM 38): [] 39. If motor vehicle accident, specify if decedent was driver, passenger or pedestrian: []

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of Section 26-15-26 of the Utah Code Annotated, 1953 as Amended.
Date Issued:

NOV 3 1977 SOUTHWESTERN UTAH
COUNTY: WEST HEALTH DEPT.
REGISTRAR: W. Stratton M.D. M.H.

John E. Brackett
John L. Brackett
DIRECTOR OF VITAL STATISTICS
BY: PEH

