

Affidavit-Death of Joint Tenant

TO SC35-NV (1-84)

THIS FORM FURNISHED BY TICOR TITLE INSURANCE

STATE OF NEVADA

County of Lincoln } ss.

Margaret A. Heiselbets of legal age, being first duly sworn, deposes and says: That WILLIAM ALBERT HEAPS the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as WILLIAM A. HEAPS named as one of the parties in that certain JOINT TENANCY DEED dated APRIL 17, 1961, executed by JANE HEAPS

to JANE HEAPS and WILLIAM A. HEAPS as joint tenants, recorded as Instrument No. on APRIL 17, 1961, in book "L-1" page 362, of Official Records of LINCOLN County, Nevada, covering the following described property situated in the County of LINCOLN, State of Nevada:

THE SOUTH 125 FEET OF LOT THREE (3) IN BLOCK TWENTY-EIGHT (28) IN THE TOWN OF PANACA, LINCOLN COUNTY, NEVADA.

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

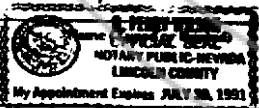
Dated January 10, 1990

Margaret A. Heiselbets MARGARET A. HEISELBETZ

SUBSCRIBED AND SWORN TO before me

this 10th day of January 1990

Signature [Signature]



(This area for official notarial seal)

Title Order No. 95934-HR

Escrow or Loan No.

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL TO

MR. & MRS. HEISELBETZ P. O. BOX 203 PANACA, NV 89042

Name Street Address City & State

SPACE BELOW THIS LINE FOR RECORDER'S USE

No. 35107 FILED AND RECORDED AT REQUEST OF Dominick Bolisneri February 27, 1990 AT 10 MINUTES PAST 2 O'CLOCK 2 M IN BOOK 89 OF OFFICIAL RECORDS, PAGE 314 LINCOLN COUNTY, NEVADA. FRANK C. HULSE

By [Signature] Deputy

BOOK 89 PAGE 314

STATE OF NEVADA DEPARTMENT OF HEALTH AND WELFARE
DIVISION OF HEALTH SECTION OF VITAL STATISTICS

105

CERTIFICATE OF DEATH

REGISTRAR'S NO

STATE FILE NO

BIRTH NO	1 PLACE OF DEATH: STATE OF NEVADA A COUNTY Clark		2 USUAL RESIDENCE (If born in Nevada, this is the residence before death) A STATE Nevada B COUNTY Clark	
	B CITY, TOWN, OR LOCATION Las Vegas C Length of stay in 72 Yrs		C CITY, TOWN, OR LOCATION Las Vegas	
MEDICAL CERTIFICATION	D NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 916 Biltmore Dr.		D STREET ADDRESS 916 Biltmore Dr.	
	E IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		E IS RESIDENCE INSIDE CITY LIMITS? F. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	3 NAME OF DECEASED (Type or Print) William Albert Heaps		4 DATE (Month) (Day) (Year) OF DEATH Apr 25, 1964	
	5 SEX Male	6 COLOR OR RACE Cauc	7 MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8 DATE OF BIRTH 7-25-1888
	9 USUAL OCCUPATION (Give kind of work and duration, if not of long standing) Farmer - retired		10 KIND OF BUSINESS OR INDUSTRY Stock Raising	
	11 BIRTHPLACE Panaca, Nevada		12 CITIZEN OF WHAT COUNTRY? USA	
	13 FATHER'S NAME Lorenzo Heaps		14 MOTHER'S MAIDEN NAME Marintha Mullins	
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of entry) WWI WWI		16 SOCIAL SEC NO [REDACTED]	
	17 INFORMANT Frank Bleak, 916 Biltmore Dr., Las Vegas		ADDRESS	
	18 CAUSE OF DEATH (List cause and cause per se for (a), (b), (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Arteriosclerotic heart disease DUE TO (b) years DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE Interval between onset and death sudden		19 WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	20A ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20B DESCRIBE HOW INJURY OCCURRED (Refer nature of injury in Part I or Part II of item B.)	
	20C TIME OF INJURY Hour Month Day Year		20D PLACE OF INJURY (e.g., on highway, farm, factory, street, etc.)	
	20E INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK		20F CITY, TOWN, OR LOCATION STATE	
	21 I OBTAINED the death of the deceased and the date of death of the deceased Investigated the death of the deceased and the date of death of the deceased 4-26-64		22 SIGNATURE Deputy Coroner Las Vegas, Nev.	
	23A BURIAL Bunker Bros		23B DATE 4-28-64	
	23C NAME OF CEMETERY OR CREMATORY Mt. View Gardens		23D LOCATION (City, town, or county) Las Vegas, Nevada	
	24 FUNERAL DIRECTOR Bunker Bros		25 DATE REC'D BY LOCAL REG. 4-28-64	
	26 ENBALMER'S LIC. NO. ADDRESS Las Vegas		27 REGISTRAR'S SIGNATURE Virginia Jackson Deputy	

"CERTIFIED TO BE A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE WITH THE REGISTRAR OF VITAL STATISTICS, STATE OF NEVADA." This copy was issued by the Clark County Health District from State certified documents as authorized by the State Board of Health pursuant to NRS 440.178.

NOT VALID WITHOUT THE
RAISED SEAL OF THE CLARK
COUNTY HEALTH DISTRICT

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

By: *OR*

Date Issued: JAN 02 1990



CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-883-1223

Book 89 Page 305