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AFFIDAVIT IN PURSUANCE OF THE PROVISIONS OF SECTION
40.525, OF NEVADA REVISED STATUTES,
BERNARDINE JOHN TENNEY

STATE OF NEVADA)
) ss
COUNTY OF CLARK)

ELEANOR H. FOSTER, being of legal age, and being first duly sworn,
deposes and says:

I am the widower of CHARLES FOSTER. That CHARLES FOSTER decedent
mentioned in the attached, certified copy of the certificate of death, is the
same person as CHARLES FOSTER named as one of the parties on that certain deed
executed to CHARLES FOSTER and ELEANOR H. FOSTER, recorded in the Official
Records of the Court of the Recorder of Lincoln County, Nevada as Instrument
No. 57345, Book No. 15, a copy of which is attached hereto as Exhibit B and by
this reference made a part hereof, and relating to that certain real property
more particularly described as:

Lot One Hundred Thirty-Three (133) of SUN GOLD
MINOR ADDITION TO THE TOWN OF BARDON, according to the
Plat of record in Book A of Plats, page 101, Lincoln
County, Nevada records.

That as appears from the death certificate attached hereto, the said
decedent, CHARLES FOSTER, died in the County of Clark, State of Nevada on the
21st day of April, 1939.

JAMES E. GUESRY
1785 E. Sahara # 355
Las Vegas, Nevada 89104
(702) 734-2577

JrA

Lincoln County

ATTACHMENT

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

TYPE ON PRINT IN PERMANENT BLACK INK	LOCAL FILE NUMBER	DECEASED—NAME 1. Charles Wesley FOSTER	DATE OF DEATH (Month, Day, Year) 2. April 21, 1990	STATE FILE NUMBER	COUNTY OF DEATH 3. Clark
PRECEDENT	CITY, TOWN, OR LOCATION OF DEATH 2b. Las Vegas	HOSPITAL OR OTHER INSTITUTION—Name (if not other, give street and number) 3c. Valley Hospital	1. IMPUNCT	SEX 4. Male	
1. White	Was Decedent of Hispanic Origin? Specify () Yes () No () Yes, specify Mexican, Cuban, Puerto Rican, etc. 5. No	AGE—Last Birthday (years) 7a. 74	UNDERLYING CAUSE 6. IMPUNCT	DATE OF BIRTH (Month, Day, Year) 8. March 28, 1916	
2. USA	CITIZEN OF WHAT COUNTRY 9. USA	Decedent's Education—Specify highest grade completed. 10. 12	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. MARRIED	SURVIVING SPOUSE (Name, give maiden name) 12. Eleanor Milligan	
13. [REDACTED]	SOCIAL SECURITY NUMBER 13a. [REDACTED]	USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life) 14a. Mechanic/Retired	KIND OF BUSINESS OR INDUSTRY 14b. Construction		
15a. Nevada	RESIDENCE—STATE 15a. Nevada	COUNTY 15b. Clark	CITY, TOWN, OR LOCATION 15c. Henderson	STREET AND NUMBER 15d. 1581 Equestrian Drive	PO BOX CITY (LIMIT TO 999) 15e. 788
PARENTS	FATHER—NAME First Middle Last 16. John Foster	MOTHER—MAIDEN NAME First Middle Last 17. Edna Norris	INFORMANT—NAME (Type or Print) 18a. Eleanor B. Foster -Wife		
18b. Creation	BURIAL, CREMATION, REMOVAL, OTHER (Specify)	CEMETERY OR CREMATORY—NAME 19b. Palm Crematory	MAILING ADDRESS 18c. 1581 Equestrian Drive Henderson Nevada 89015		
DISPOSITION	FUNERAL DIRECTOR—NAME (Of Firm—Acting as Agent) 20a. [Signature]	FUNERAL DIRECTOR LICENSE NUMBER 20b. 27	NAME AND ADDRESS OF FACILITY 20c. Palm Mortuary 1325 No. Main St. Las Vegas, Nevada		
CERTIFIER	21a. 4-23-90	DATE SIGNED (Month, Day, Year)	21c. 3:57 P.M.	HOUR OF DEATH	
21b. [Signature]	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	21d. Ronald Roth M.D.		21e. 500 South Rancho Drive Las Vegas NV	
22a. 5/62	LICENSE NUMBER	22b. APR 23 1990		DATE RECEIVED BY REGISTRAR (Month, Day, Year)	
23. NO	DEATH DUE TO COMMUNICABLE DISEASE	24. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
25. ARTIC STENOSIS, SEVERE LUNG DISEASE, DEATH		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
26. CHRONIC RENAL FAILURE		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.			
27. PNEUMONIA		28. NO			
29. NO		WAS CASE REFERRED TO CORONER (Specify Yes or No)			
30. NO		31. NO			
32. NO		33. NO			
34. NO		35. NO			
36. NO		37. NO			
38. NO		39. NO			
40. NO		41. NO			
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94. NO		95. NO			
96. NO		97. NO			
98. NO		99. NO			
100. NO		101. NO			

STATE REGISTRAR

No.015736

"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 440.175.

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

OTTO RAVENHOLT, M.D.
Registrar of Vital Statistics

Date Issued: APR 24 1990

CLARK COUNTY HEALTH DISTRICT
625 Shadow Lane P.O. Box 4426
Las Vegas, Nevada 89127
702-383-1223

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